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ABSTRACT

Basic services provided by the Western Kansas Migrant Health Project for migrant families include: (1) remedial schools and migrant education programs; (2) health education; (3) housing and sanitation; (4) nursing services; (5) medical and dental services; (6) hospital services; and (7) supplemental food programs. Among the Project's services during 1973 were: outpatient services for 716 patients treated at clinics, 926 office calls in physicians' offices, 138 emergency room services, 346 lab services, and 82 x-rays; family planning services for 50 women; and vision, hearing, and dental screening for children attending summer migrant education programs. This 1973 annual progress report reviews the Project's activities from December 1972 through November 1973. The Project's basic services are briefly summarized. Statistical data on the migrant population and medical, dental, hospital, nursing, and health education services are included in the appendices. (NQ)

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10TH ANNUAL PROGRESS REPORT

R008656

western kansas migrant health project

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ENERGY SHORTAGE VICTIM

Farmland Forced To Close Plant

Mechanical 'Harvester Develo

Twisters Hit OEO Dispersal Plan 'Illegal'

Farm Fuel Crisis Said to Worsen

Oil Execs Accused

WHEN THEY APPEAR BEFORE SENATE

Synthetic Food Colors Cause of New Concern

Violence, Layoffs Increa

kansas state department of health

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ANNUAL PROGRESS REPORT

Western Kansas Migrant Health Project
Kansas State Department of Health

1973

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Lewis Palmer, D.D.S..... Ulysses

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I. SUMMARY

1973 was a year filled with changes and adjustments for most of the country. During the past year song writers have shown a flair for prophecy with such tunes as, If We Make It Through December, -- We May Never Pass This Way Again, -- and Goodbye Yellow Brick Road. Headlines scream with grim predictions of the near future. Promises of politicians and comets both fizzle, consumers scream about the high cost of heating, diesel fuel and gasoline, but all but trample each other to get whatever they can. Consumer advocates say there is no energy crisis. Oil company executives say there is. The Arabs smile a lot. Prices of just about everything continue to escalate at a frightening rate. Shortages of baling wire, canning jars, plastic toys and paper products are fact. The news media carries stormy accounts of soaring numbers of unemployed. The energy crisis touches us all. But who has paused in the panic of now to consider the plight of the migrant agricultural worker who travels from state to state to plant, weed, thin, hoe, pick, and harvest our nation's food supply. And who will feel the vise of the energy crisis tighten more painfully than those who must take to the road just to survive?

Each year several thousand migrants travel to western Kansas seeking whatever employment they can find. Most remain for at least several weeks to hoe and thin sugar beets. Some find work rogueing milo, picking melons and vegetables, hauling grain and beets, working in feed lots and miscellaneous jobs. Some stay only briefly, many remain several months. Others attempt to settle in this area when permanent jobs and housing are available. This usually means a number of meager weeks at best, as many farmworkers are paid by the hour and not a set amount per month. This arrangement results in inflated incomes in the summer and depressed or nonexistent incomes in the winter. For large families it is very difficult to save money for the following winter. This is especially true if they have many bills remaining from the winter before. Most of the migrants coming into Kansas come from Texas. A few come from Colorado, New Mexico, Florida and other states. A few settled-out migrants from Texas now living in Kansas travel to northern states such a Michigan to work in vegetable and fruit crops. Almost all of the migrants coming to Kansas are Mexican-American and Spanish-speaking. Most are bilingual. Some speak only Spanish.

1973 witnessed expanded use of mechanical thinners in sugarbeets in western Kansas. Additionally beet acreage was reduced somewhat in the southwest counties, although acreage increased in the northwest counties. It should be noted that a controversy still wages concerning the use of mechanical thinners. Pre-emergent herbicides must be used if the necessity for hand labor is to be by-passed. The combined cost of the herbicides coupled with the rental or purchase cost of thinners equals or exceeds the cost of hand labor. Some of the first thinners used in the area were purchased by the Garden City Company. These were in turn rented to growers at very minimal rates. This move by the Garden City Company came about shortly after all migrant housing owned by the company was

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burned down. Both events occurred following a summer of heated charges leveled at growers some of which dealt with deplorable housing. Manny Fierro, a Chicano organizer of some fame in Kansas, was one of the spokesmen in the controversy. Unfortunately the Garden City Company which owns much of the farming land in Finney and Kearny counties reacted by by-passing the need for hand labor rather than upgrading housing conditions. Ironically the criticism directed toward migrant housing conditions never singled out the Garden City Company housing nor even housing in Finney or Kearny counties.

The reduced acreage of sugarbeets in some areas is largely a result of the 1968 disaster, when heavy fall rains interrupted the beet harvest for a number of weeks. The wet ground also caused the sugar to be leeched from the beets. As a result the sugar content was so low that the sugar companies refused to accept most of the harvest. Many beets were never dug but left in the ground. Growers in the area lost more than six million dollars. A suit is still pending against American Crystal Sugar Company for breach of contract. Other negative factors in the beet situation are increased transportation costs and the high costs incurred in irrigation. During the year efforts of growers to purchase both American Crystal and Great Western Sugar Companies were in the wind. Apparently the plans to purchase Great Western were abandoned. However, Colo-Kan Sugar, Inc. has leased the facilities of American Crystal in Rocky Ford, Colorado where all beets in the southwest area are processed. The lease is for a five year period with an option to buy. It is probable that beet acreage in the area will be increased in 1974.

A number of growers in the area have abandoned raising sugarbeets and have diverted their land to other crops. In Haskell County, for example, a few growers are now growing alfalfa instead of beets. With dramatic increases in the market prices of wheat, and lesser but nevertheless substantial increases in prices for milo and corn, the beet business is a lot less lucrative than it once was. At the time of the 1973 wheat harvest wheat sold for $2.40 per bushel as opposed to about $1.30 before the Russian grain deal. Since wheat harvest per bushel prices have fluctuated from around $4.00 to more than $5.00. While higher grain prices are good news for grain farmers, they are bad news for the cattlemen. The price freeze, FFDA bans on certain feed additives and escalated feed costs have all served to cause the cattleman to lose his shirt. By late fall feeders were losing more than $100 per head on cattle going to the market. Before the meat price freeze cattlemen were making a profit for the first time in history. What the irate urban housewife doesn't realize is that a fluctuation of a penny of two per pound on the hoof can make or break cattle producers. The only way he has ever been able to realize even marginal profits is to deal in volume. Unfortunately the farmer has no control over the middlemen and retailers.

During the 1973 sessions of the Kansas Legislature several bills of

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interest to both the migrant and farmer were introduced. One bill which dealt with the hiring of illegal aliens passed and was signed into law. This bill made it a class C misdemeanor for an employer knowingly to employ an alien illegally in the U.S. Unfortunately the law places no responsibility on the employer for determining status of the person he is hiring. Two other bills were held over in committee for consideration in the 1974 session. One dealt with the registration of crewleaders and out of state workers (to prevent employment of illegal aliens). It would also require employers to pay workers directly rather than paying the crewleader a lump sum and he in turn paying the workers. Another pending bill seeks to establish a Commission on Mexican-American Affairs. A bill killed in committee sought to make it possible for persons to take their drivers license exam in Spanish. One may now take a written exam in Spanish, but not the oral exam. Another bill of interest would make a family having medical expenses equal to 10% or more of their income eligible for public medical assistance. Such a law would be invaluable to many low-income families. For example, one family seeking aid this fall and who was not eligible for migrant inpatient services also did not qualify for Medicaid assistance. Their hospital bills equaled 20% of their income. In addition to exceeding the income guidelines for medical assistance they "owned" a car that was less than four years old which also made them ineligible.

During the past year two new local health departments have been established in the area. These serve Sherman and Cheyenne counties. Local health departments have been invaluable in assisting the Project in countless ways. Most counties in the Project area are still without county health services however. The Sherman County Health Department is presently housed in the Project office in Goodland. The local health department may be moved to the hospital basement within the coming year. This proposed move has been the subject of some controversy for several months. Suggestions have also been made that migrant health services could also be housed in the hospital. The Project Policy Board has voted against such a move however. The Board feels that migrants would not readily utilize service located in a hospital. Most families tend to regard a hospital as a very ominous place. Other drawbacks of the facility include parking problems and no outside entrance to the basement, not to mention juggling commodities in and out through the main lobby of the hospital.

Federal guidelines have charged all migrant health projects with the responsibility of establishing project policy boards. Guidelines also stipulate that at least 51% of the board be elected by the people to be served. Obviously persons writing the guidelines could not have guessed at the difficulties involved in electing board members over a 12 county area. Nevertheless, board members were elected and the Policy Board first met in December, 1972 and once per month since then. Additional elections have been held to replace board members who have left the area or otherwise have been unable to serve and to elect alternates. Despite the fact that the Board has been a very time-consuming venture for the staff, many rewards are evident. We look forward to a year of growth and expanded involvement of the Board.

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The Project has administered the USDA sponsored Supplemental Food Program for more than four years. This program is intended to provide high protein foods to prenatal and postpartum mothers in addition to children less than six years of age. During the past year nearly 31 tons of food were distributed to persons in ten counties. The average number of persons receiving commodities was 164.58 per month. Eligibility for this program is determined by nutritional need as verified by a physician or registered nurse. The only requirement is that persons receiving food items be eligible for other services of the Project, i.e. be agricultural migrants or seasonal farmworkers. The only cost to the Project has been shipping and storage costs plus staff time. Much staff time is consumed in boxing items, record keeping, preparing reports, transporting food items to other communities, to say nothing of unloading a semi when a shipment arrives. The Project will receive only one more shipment for the program. This is a result of the fact that no commodities will be available after early 1974. All Kansas counties will have food stamp programs by June 30, 1974. Most counties have already made the transition from commodity programs to food stamp programs. It also seems likely that the regular Supplemental Food Program is destined for termination nationally. An alternate program the Women, Infants and Children Program, (WIC) has been funded for this fiscal year on a limited basis. WIC will provide funds for milk, infant formula, juice, cereal, cheese and eggs to children under five years of age. Programs can purchase items locally and distribute or provide vouchers or cash to recipients. The Project has applied for WIC funds for a voucher system. It should be noted that the number of items and allotments are less than the regular Supplemental Food Program. Also five year olds will not be eligible. Recently evaporated milk has been eliminated from the program we now administer for children 13 months -- six years. Children three and over receive one four-pound box of instant dry milk per month. Children 0-12 months of age receive 30 cans of evaporated milk per month. Children in between receive no milk.

The remainder of this summary will deal with a review of services provided during the past year.

Outpatient services provided included 716 patients treated at clinics, 926 office calls in physicians' offices, 138 emergency room services, 346 lab services and 82 X-rays. Total cost for 2208 outpatient services was $14,998. Average cost per service was $6.97. Clinics are held during the peak seasons of June and July. These provide regular out-patient services for families in the evening and physical assessements for children attending Title I migrant education programs and day care centers. During the remainder of the year and between clinics, patients are referred to physicians' offices on a fee-for-treatment basis. The number of clinics was fewer than in 1973 due to a general shortage of physicians in the area. However, 367 additional outpatient services were provided as compared to the previous year.

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Children attending summer migrant education programs were also screened for vision, hearing and dental problems as well as urine abnormalities and hemoglobin deficiencies. Less than 10% of the children had low hemoglobins. Follow-up was provided whenever possible. Immunizations were provided when needed and possible.

A total of 634 children were screened for dental problems. Of the 412 requiring treatment 367 were completed before leaving. An additional 20 children were partially completed and 25 "gotaway" before treatment could be initiated. Eleven adults were treated on an emergency basis. In total the Project paid for 1178 fillings, 75 extractions and 57 crowns. Three partials, 12 space maintainers and eight corrective appliances were also provided. As a result of needs and the action taken 473 more fillings were provided than in the previous year. There was a decrease of 50% in necessary extractions compared to a year ago.

The following preventative dental services were also provided: prophylaxis 197, fissure sealant 50, cavitron 31, and fluoride treatment 126. Total cost for the dental program was $14,088 or an average cost per patient of $33.83.

The Project was without inpatient funds from December 1972 till late June, 1973. During the past year the Project assisted with paying for 86 patient episodes. Other avenues of payment were utilized whenever possible. Total cost to the Project for inpatient services was $25,020.11. Total number of hospital days was 368.5. Average number of days per patient was 4.3. The average cost per patient episode was $290.93. The average cost per day was $67.88. Per day costs have increased by more than 50% in the past four years.

Family planning services were provided for 50 women through the Project. An equal number of seasonal farm workers received service through area family planning clinics. The number of deliveries continues to decline each year.

Housing conditions continue to be substandard for the most part. A 1969 housing survey in Garden City revealed that 27.3% of the housing was in poor or dilapidated condition as compared to 17.7% in the same condition in 1960. A survey taken in Ulysses in 1970 revealed that most low-income families were paying more than 40% of their incomes for rental housing and utilities. A rental housing code is now pending in the state legislature. Similar bills have been defeated or killed in committee in previous years. A state housing code is desperately needed to upgrade rental housing for all Kansas.

Health education efforts expanded during the past year with the main thrusts in nutrition and dental education. Various other topics were tackled both by the Project and area extension staff. Consumer and legal education continue to be areas of need. Low-income people are ever popular targets for easy payment firms with interest rates and miscellaneous charges that often exceed the cost of the purchase.

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The Project has been badly understaffed for as long as it has been in operation. This past year saw a number of staff changes. At one point last winter the Project functioned with less than half of its usual staff due to illness and resignations. Reduced speed limits and the possibility of gas rationing loom as frightening restrictions for the Project. Staff efficiency has already been severely affected with reduction of speed limits for state owned vehicles. Attempting to cover an area in excess of 16,000 square miles at 50 mph is impossible. Staff overtime has always been considerable despite the fact that staff members receive no additional pay or compensatory time privileges.

Much progress has been accomplished in improving the health of the migrant over the past ten years. Early diagnosis and treatment have prevented catastrophic illness in countless cases. Health education, family planning and preventative services have served to increase the quality of life for many families.

II. REMEDIAL SCHOOL AND MIGRANT EDUCATION PROGRAMS

Eight Title I Migrant Education Programs serving children in ten counties were in operation this past summer. Centers were located in Garden City, Goodland, Lakin, Leoti, St. Francis, Sharon Springs, and Sublette. Only Johnson had no Title I Program. However, a number of children from Johnson were bussed to the program in Ulysses. Both the Ulysses and Sublette programs served children from two counties. All programs except Ulysses were sponsored by local school districts. The Ulysses program was sponsored by the Kansas Council of Agricultural Workers and Low-Income Families.

Most programs operated for a six-week period from early June until mid-July. All programs provided care and instruction from early morning till late afternoon and provided transportation. Each program additionally provides a hot lunch and nutritious snacks. Many programs provide breakfast as well.

Remedial instruction for the children is integrated with relevant field trips and extracurricular activities. The ideology of the migrant school programs is to help the Spanish-speaking child in catching up to his proper grade level. To do this he must have a firm foundation in English and develop reading skills. Many migrant children often miss school because of the travels of the family. Additionally one child may change schools a number of times within one school year. While all migrant children are not Spanish-speaking, the majority are. This is a severe handicap when entering school where the child must sink or swim in an English-speaking world. The summer migrant education programs have done much to alleviate the gaps and soften the blows for the child.

The educational benefits of the summer programs are obvious. Additionally, the children are given an option other than going to the hot, dusty fields with their parents. For the Project the Title I Programs also mean some very welcome assistance in providing health screening. The fact that most children in a given community can be found under one roof five days per week is invaluable in providing screening and necessary follow-up.

Adult education programs have been provided for a number of years through the Garden City Community Junior College. St. Francis also provides evening adult basic education programs in conjunction with their summer program for children. Both programs have assisted many adults in furthering their education and gaining needed skills.

A new program to the area is the Service Employment Redevelopment program. SER offers on the job training and a two week job preparation course which includes tips on filling out applications, employer interviews and job tactics. SER also provides assistance in career planning, welfare assistance and legal aid. Enrollees in

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the job preparation course receive a stipend of $52-$70 per week. Participants in the on the job training component of the program are paid by the employer. A portion of the salary is subsidized by SER.

A great deal of regional interest has developed regarding bilingual education programs. Significant documention indicates that a child learns a second language without trauma and in record time if he first has some skills in reading and writing his own language. Ideally such a program would enable both English and Spanish-speaking youngsters to become truly bilingual and at ease with each others' language and customs. Presently the Garden City Public Schools are considering applying for federal funds for a bilingual education program. Needless to say, this proposal is not without its opponents.

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TITLE I DAY CARE REMEDIAL CENTER ENROLLMENT

Program Location	County	Day Care	Remedial	Total
Garden City	Finney	5	47	52
Goodland	Sherman	45	125	170
Lakin	Kearny	20	82	102
Leoti	Wichita	3	105	108
St. Francis	Cheyenne	2	25	27
Sharon Springs	Wallace	14	96	110
Sublette	Haskell	32	81	113
Ulysses	Grant	*	107	107
TOTALS		121	668	789

* Day Care provided by Community Sponsored Program

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III. HEALTH EDUCATION

It is somewhat paradoxical that often the people whose labor produces and harvests the food for our nation's tables are themselves lacking in adequate nutrition. The reasons for this are both simple and complex. However, whatever the reasons may be, surely the solution to the problem must lie ultimately in education.

After more than three years of regular monthly nutrition and cooking classes throughout the area, it seems as though a majority of the homemakers are aware of the basic concepts of nutrition and are knowledgable of what constitutes good nutrition. The foundation of the nutrition education program is the four basic food groups. During the past year at least one class in each area was devoted to each of the following dietary requirements: Vitamin A, Vitamin B, Vitamin C, iron, calcium, and protein. Because films have proved to be an effective media with the groups, they were used extensively. Ten films were shown a total of twenty-eight times.

The most enjoyable part of the classes is the cooking, and this seems to be as true for veteran cooks as for amateurs. Some favorite recipes from this year's classes include: homemade noodles, cheese meatloaf, turkey vegetable soup, and farina pudding.

Not all the sessions were devoted to cooking and nutrition. Other topics included areas such as poison safety, dental health and hygiene, and the food stamp program. There were also group experiences such as planting a garden and a shopping tour.

The sessions met monthly (except for June, July, and August) in Garden City, Johnson, Leoti, Ulysses, and in either Copeland or Satanta. Within the last six months the bulk of the migrant families in the Sublette area seems to have shifted from the Copeland area to the Satanta area. This accounts for the change of the group meeting site from Copeland to Satanta. At the present time the classes are held at the Fairgrounds in Garden City, the United Methodist Church in Johnson, the American Legion Building (Head Start Center) in Leoti, the Community Building in Ulysses, and in homes on a voluntary rotating basis in Satanta.

The classes in Garden City and in Ulysses are conducted through the Expanded Nutrition Program under the supervision of Martha Smith of the Southwest Area Extension Office in Garden City. The nutrition aides conducting the classes are Jessie Schibbelhut in Ulysses and Martha Cruz and Lucy Gomez in Garden City. Jessie is an old-timer in the program and has built up very good rapport

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with the homemakers in the Ulysses area. Martha and Lucy have entered the program more recently, but they have already demonstrated their abilities and their willingness to be of service. The nutrition aides not only conduct group meetings, but they also follow up with individual visits and sessions with the homemakers in their homes. In the remaining areas of Leoti, Johnson, and Satanta the monthly sessions are planned and conducted by the Health Educators and the Program Worker. These staff members also follow up the group meetings with home visits to families or individuals whenever the need arises or it seems beneficial to do so. Project staff also assists with classes in Ulysses and Garden City by reminding families of classes and providing transportation when necessary.

Because of the lengthy working hours for both men and women, it has never been feasible to have any cooking and nutrition classes with the migrant women during the summer months. However, a breakthrough has occurred. During beet harvest in the Ulysses area while the men were driving trucks, the women were not working steadily. We seized the opportunity to inquire from the ladies whether they would be irterested in some nutrition and cooking sessions. Their response was enthusiastic, and three sessions were held at Drakes Migrant Camp by Jessie Schibbelhut. By this time only a few migrant families remained, but attendance at the sessions was 100% of those ladies residing at the camp. These women were highly motivated and very receptive. Our only regret was that we were not able to meet with them more times before the work was completed, and they had to return to Texas.

During June, July and August attempts were made to present basic health education to the migrants. Areas included: general health education, basic nutrition education, simple consumer education, sanitation and hygiene in camp settings, concepts of disease, communication of disease, and prevention of disease. Nine films were utilized in presentations, and these were shown a total of nineteen times. A year ago these evening health education sessions proved successful at the Johnson migrant camp, so this past summer they were held at Drakes Camp near Ulysses and at the Strong Cabins in Leoti in addition to Akagi Camp near Johnson. The weekly sessions were eagerly anticipated by the residents of the camps, and much disappointment was evidenced in Leoti several times when a summer shower would mean that the promised film would have to be canceled since the films were shown outside. This was the most convenient place for the people to gather, and it was usually quite acceptable except for the showers and the mosquitoes -- of which there were legion!

In spite of the fact that much time and effort went into the planning and execution of the evening health education sessions, it is felt that there is much room for improvement. Our greatest needs seem to be additional bilingual staff members, and more bilingual films and other materials. It takes a lot of commitment to work

an average of over thirteen hours a day, and often as many as eighteen hours per day. Yet, this was necessary in order to have any health education at all for the migrants. Secondly, in order to be maximally effective it seems imperative that the staff be bilingual since most of the migrant families speak Spanish.

Three members of our present staff of six are bilingual. However, we badly need additional staff members. We have been trying to recruit additional bilingual nurses for several months with no success. However, the three persons hired this past year are all bilingual and bicultural. This past summer presented additional problems since the two additional summer workers we had recruited both had change of plans and were unavailable.

It is very difficult to locate suitable films and other instructional materials in Spanish. The office has a few good films, and these have been well utilized.

Also, since last summer extensive research has been done in the area of locating bilingual films and other materials. Some very good sources have been identified, and hopefully we will soon have access to a variety of useful educational materials.

With the assistance of additional bilingual staff and materials we can look forward with eagerness to meet the challenge of another migrant peak season.

Meanwhile the monthly nutrition education classes continue for those remaining in Kansas from September through May. Although basic nutrition concepts have been developed with these families, this is not an end accomplishment, but rather a foundation upon which further learning may take place. Specifically our aim now is to observe food and diet patterns and through our group sessions to motivate homemakers to work toward correcting nutritional problems.

Generally the most prevalent nutritional problem among Mexican American migrants from south Texas is a Vitamin A deficiency, which is found in 50% of the people. Also, 15% are deficient in Vitamin D. Most of the diets are lacking in foods from the milk group and the fruit and vegetable group. Meat intake is usually low to minimum. However, the consumption of bread and cereals is often twice the amount needed. The indispensable tortilla is mostly responsible for this.

Where do we go from here? We have just begun. We have learned much and have effected some dietary changes, but we have scarcely begun to meet the challenge of dealing with specific nutritional inadequacies. This will be the object of our cooking classes during the coming year. Hopefully we can work together toward developing food habits that are both culturally appealing and nutritionally sound.

IV. HOUSING AND SANITATION

The housing situation in western Kansas is a sad saga denoting shortages and deficiencies. Each year despite much building, shortages become more acute. Lack of available rental housing is by no means restricted to only the low-income. However, for the low-income family no alternatives exist.

Most migrants and seasonal farm workers must rent their own housing. Very few migrants are any longer provided with housing by employers. Every community needing seasonal farm labor is a haven for someone who is willing to invest a few dollars in a dilapidated property. For a small investment the owner will reap a quick profit many times his original expenditure. Rental units available to seasonal workers and low-income residents are almost totally substandard. Lack of insulation, faulty plumbing, gaping spaces around windows and doors, inadequate heating, sloping floors, saggy ceilings, torn screening, and missing window panes only begin the list. Worse yet are the units that have no indoor plumbing and not even a space heater for warmth. Those who have grumbled about turning their thermostats down a few degrees ought to have the experience of trying to keep warm in a winter storm with only a gas range for heat. Because of the severe lack of housing, units designed only for summer living have been occupied until December each year. Anyone for a cold shower outside in a December blizzard?

Few communities have local housing codes that protect the consumer to any degree. Those that do aren't enforced effectively. Efforts to establish a state housing code have thus far only met with defeat.

A number of VISTA Volunteers have been in the area since March, 1973. Many of the VISTAs have devoted much of their efforts to housing problems. Plans for the future include the possibility of self-help, Farmers Home Administration financed homes in Grant and Finney counties. Contractor-built FmHA homes are also a possibility in the Garden City area. A housing coalition has been formed in Garden City that is directing its efforts toward low-income housing problems. A proposal will be submitted to the city of Garden City in the near future. The proposal seeks to assist families with down payments for purchasing homes. A second objective will be to assist low-income home owners, especially the elderly, with needed repairs. Both types of loans will be made at minimal interest rates. Payment schedules will be set up so that the family's total expenditures for housing will not exceed 25% of their income. The coalition also hopes to upgrade the local housing code.

Another project of interest is a 100 unit HUD housing project to be constructed in Garden City this year. Units will be both for the

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elderly and low-income. Several other communities in the area have applications pending for HUD loans.

A housing coalition has also been formed in the Goodland area to deal with problems of that area.

Progress is not totally lacking in the housing situation. Decent housing costs money, however. Neither local government nor housing owners have been willing to make the commitment necessary to insure that all renters have adequate housing. How fragile priorities become when money is involved.

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V. NURSING SERVICES

SOUTHWEST REPORT — Virginia R. Garcia, R.N.

It was a cold snowy day in March when I came to work here at Migrant Health Service. Business was a little slow, (I later found out), but the staff was busy working with the people. I remember hearing the chants of the experienced staff members "Wait until June", which leads one to wonder what will happen in June.

Soon spring was in the air and I spent the next months learning where the migrant workers would live and work, not at all sure I could remember where on these great Kansas plains they lived. I saw many a country road, tasted the dirt, felt the heat of the sun and passed many a farm house only to realize I was lost -- again --!

I met all the key people in the area: the nurses, physicians, and hospital administrators. I was hoping I could remember their names the next time we met.

I met too the key families in the community who were once migrants and had settled down in these cities and towns. Such contacts are invaluable in keeping us informed as to who has just arrived or who has moved on to work elsewhere.

The end of May arrived and the home contacts began. To me they were all new faces, and mine to them. It was an experience to see the happy faces when some of the families returned to see that Judy and Mary were still here.

A special thanks is due to the physicians who took care of the migrant population as they arrived and moved on, and took time out of a busy day to do physicals at migrant schools. To those who held evening clinics many more thanks are due for taking the time from other commitments to make another migrant season a success.

Counties	Physicians
Finney - Kearny	Frank Eichhorn, M.D.
Grant.....	M. A. Brewer, M.D.
	James Greenwood, M.D.
Grant - Kearny	Don Tillotson, M.D.
Haskell	Carl Pratt, D.O.
Stanton	Ronald Daily, M.D.
Wallace	John Chung, M.D.
Wichita	Willard Werner, M.D.
	(Assistant, Sister JoAnn)
Sherman	Kenneth D. Austin, M.D.

The day care centers and migrant schools of the area conducted classes on health and hygiene habits.

In each school we conducted the following screening procedures. If readings were not normal, the children were referred to a physician.

Hearing Screening

Per audiometers in which electrically produced sounds are conveyed by wires to a receiver applied to the subject's ear. Intensity and pitch of sound can be altered and indicated on dials.

Vision Screening

The space within which an object can be seen while the eye remains fixed, on some one point using Snellen scale 20 feet equivalent.

Urinalysis

Using Reagent Strips -- test for Ph, protein, glucose, keotones and blood in urine.

Hemoglobin

Test done with use of hemoglobin meter which determines amount of hemoglobin in the blood.

Physicals

Examination of ears, nose and throat. Listening to lungs and heart sounds -- palpation of abdomen, etc. (done by physicians).

Immunizations

DPT, D.T., polio, T.B., measles and rubella vaccine available if needed, referrals made and received.

Migrant Schools/Day Care Centers	Nurses
Grant County	Gerri Menzie, R.N.
Finney	Lupe Lopez, R.N.
Wichita	Kathy Lane, R.N.
Kearny	Claire (Tee) Fawcett, R.N.
Stanton	Beth Cockreham, R.N.

A thanks is due also to Irene Höyt, R.N. (now retired Finney County nurse) for her help, and to Mabel Linder, community worker in Leoti, for all her help. Mabel is known as somewhat of a "MIRACLE WORKER".

Family Planning Services were provided primarily through referral to Family Planning Clinics sponsored by the Division of Maternal and Child Health, Kansas State Department of Health. Family Planning Services provided by Migrant Health included individual counseling, examination by a physician including pap smears, and supplies of her choice and follow up. A total of 50 women received family planning services through the Project and were referred to family planning for further service.

Health problems most prevalent during the past year were: upper respiratory infections, skin infections, hypertension, sinusitis, and anemia (especially in the children).

With every passing year we see improvement in attitude toward health by the migrant worker and its receiving community. One big problem we still face is the crowded housing conditions which contribute to problems of spreading pediculosis, impetigo, and upper respiratory infections. Childhood diseases seen in the areas this past year were: mumps and chickenpox.

Monthly immunization clinics are held in Leoti and Satanta. Immunizations are given by the health nurse in counties where a local health department is available.

Another area that still needs much work is the importance of diet especially for the children. This past year there were 40 children with a low hemoglobin who were referred for treatment and follow-up care.

Continuing education programs are made available throughout the year for public health nurses in the state. Project nurses attended workshops in order to be trained to do physical assessments on children ages 0-6. Other meetings dealt with current trends in immunizations and new procedures. Project staff also attended seminars on adolescent behavior, child abuse, and the teenage parent.

So ends the tenth year of providing health services to the migrant population by the Project. Many long, hot days and long hours of work are now a part of the past.

NORTHWEST REPORT — F. Floriene Whisnant, R.N.

Because of the impact of mechanization in the northwest counties, there were somewhat fewer jobs available than in the past years. All labor needed for the sugarbeets had been contracted prior to the beginning of the season. Families not contracted who arrived looking for work in the beets were not hired. Some found other seasonal work either on their own or through the Employment

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Opportunity Center. A number of families could not find jobs and went elsewhere seeking work. Some returned home more broke than when they came.

Heavy spring rains caused reseeding of the beets. As a result the hoeing and thinning of the beets started three weeks later than usual. This caused many hardships. Some families were told to return to their bases until work began.

As in the past housing was a problem. Many of the older homes had been torn down and replaced by modular or mobile homes. Most had been rented by permanent people. The older homes that were left standing were small and in poor condition, but the rent was high. One of the motel type units was charging $25.00 a week for a one bed unit and $50.00 a week for a two bed unit. These were very small. It was difficult to visualize where a family of ten or twelve could sleep, but they did somehow.

Many home visits were made in the three counties. Many of the people came to the office seeking aid: medical, commodities, jobs, housing, and aid in filling out forms. We worked closely with the three summer migrant schools doing TB skin testing, hearing and vision screening and physicals. Dr. Beynon of Goodland did the dental checks in Sharon Springs and Goodland. Dr. Beynon and Dr. Hirsch did the needed dental work. The children from Wallace County were bussed to Goodland. Dr. Haberbosch, St. Francis, did the dental checks and needed work on children in Cheyenne County. Physicals were done in Sharon Springs by Dr. John T. Chung and his assistants, Joan Chung, R.N. and Norva Deines. Our office did the TB skin tests, hearing and vision screening. In St. Francis Dr. Lucille Stephenson, assisted by Jean Miller, R.N., did the physicals. Again we did the TB skin tests. In Goodland Dorothy Klepper, R.N., Sherman County Community Health Nurse, Dolores Manzo, and Charles Bray of the school assisted the Project staff with physical assessments of the children in the program. This was done by permission from Dr. K. D. Austin, Sherman County Health Officer. Any illness that was found was referred to a local physician. A number of skin disorders were found in all schools: eczema, dermatitis and impetigo. One skin disorder could not be identified by local physicians but responded to treatment with antibiotics.

One day during a visit to one of the schools, a teacher came in with a small child, stating that the child had fallen several times during their daily walk and appeared to be staring off into space. The thought of epilepsy ran through our minds. Erlinda and I took the child home and talked to the mother. During the conversation we found that the boy had been diagnosed a year ago as epileptic and placed on medication. The medicine had been used and the prescription had not been refilled. Since the prescription was out of state we asked the mother if it would be all right if he

were taken to a local physician. This was done and a prescription obtained. We explained to the mother the importance of his taking the medication. Two days later we made another visit to see if the mother was doing as we had asked, only to find that they had moved on.

This will be my last year with Migrant Health, as I am resigning to spend more time with my family. I have enjoyed my work very much and have learned a lot from the people I have worked with. There are times that I feel as if I gained more than I gave.

LAKIN MIGRANT SCHOOL SUMMARY — Tee Fawcett, R.N.

Home visitations were started on May 29, 1973. Mr. Frank Tamez, home coordinator, accompanied me on all visits. A total of 34 families were visited. In checking with these families, most of them had their children's immunization cards and school records. Most of the homes were crowded, but appeared well kept.

School started on June 4 with an enrollment of 65 children. Many came at a later date and our enrollment became as high as 101 children. Children were given health kits containing soap, washcloth, comb and a toothbrush kit. Good hygiene was encouraged daily with daily showers and shampooing. Dental check was done on June 7 by Dr. Jon Wheat of Lakin, Kansas. All children needing dental care were treated in his office. Fifty-seven percent of all students checked were found to be free of caries.

Height and weight were done on all enrollees. Most of the children were found to be within normal range for their age group.

Vision testing using a Snellen chart was done, and it was found that twelve children were in need of correction. The school purchased the glasses for the children.

Hearing test using a Maico Audiometer revealed that no hearing problems were evident.

Hemaglobin and urinalysis tests were also done on all enrollees. Approximately 2% were found to have hemoglobins below 12 grams, and these students were placed on hematinic therapy.

Denver Development Screening Tests were performed on children in the four and five year levels. Some of these failed on the language and fine motor areas. This I feel was due to the uneasinness of the children in a new setting. This was especially true of the younger children.

1973 NURSING SERVICES SUMMARY

Name of Town	County	Hearing Screening		Snellen Vision Screening		Immuniza-tions		Physicals		TB Screening		UA Screening		Hgb Screening	
		Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred
Garden City	Finney	48	0	48	5	37	0	48	0	29	0	48	0	48	8
Lakin	Kearny	67	0	68	12	33	0	86	2	0	0	83	0	95	19
Leoti	Wichita	19	0	20	2	168	0	71	1	0	0	85	0	90	5
Johnson	Stanton	8	0	6	0	0	0	13	0	6	0	13	0	13	0
Goodland	Sherman	93	0	109	5	0	0	109	0	120	0	109	0	109	0
Ulysses	Grant	65	0	66	10	37	0	69	3	20	0	53	0	54	0
Sublette	Haskell	56	0	47	2	40	0	74	1	0	0	84	0	88	8
Sharon Springs	Wallace	55	0	47	5	0	0	74	0	7	3	74	0	74	0
St. Francis	Cheyenne	27	0	27	1	0	0	27	0	27	2	27	0	27	0
TOTALS		438	0	438	42	315	0	571	7	209	5	576	0	598	40

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Immunizations given were as follows:

Measles and Rubella vaccine	6	6%
Diptheria and Tetanus	3	3%
D.P.T.	9	9%
Polio	15	15%

It was found that most of the children had received all their immunizations and were not in need of the vaccines.

During the school term various injuries were treated. Complete physical assessments were also done on all the students. Several were referred for minor illnessess and treated at the clinics.

In conclusion, I feel that our migrant program was most successful. Each year the children appear to be in better health and the parents are more cognizant of their health, problems.

My aide, Jane Perez, was most valuable and her efforts are greatly appreciated.

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VI. MEDICAL AND DENTAL SERVICES

Outpatient medical services include clinic services, office calls in physicians' offices, emergency room treatment, X-rays, lab work and other ancillary services on an outpatient basis. The project employs no physicians, but reimburses physicians on a fee for service or hourly basis. Thirteen family clinics were held during the peak season of June and July in Johnson, Garden City and Satanta. Nine other clinics provided physical assessments for children attending Title I Migrant Education Programs and community day care programs. In total 716 persons received services through both types of clinics. This number is almost identical to that of those receiving services through clinics a year ago although there were fewer clinics this year.

There were no clinics held in Ulysses this summer. Physicians in that community felt that their patient load was too overwhelming to allow them to staff an evening clinic. Usually they are seeing the last patients of the day after 7:00 p.m. With clinics beginning at 8:00 p.m. and the usual run of summer farm accidents, automobile accidents and other emergencies, they felt that they could not handle an additional clinic. Dr. Brewer suggested that as an alternative they would see patients without appointments during regular office hours, and of course see any emergency in the hospital emergency room after hours. This arrangement seemed to work out satisfactorily although fewer patients were seen than in previous years. The contingent of Ulysses physicians has been extremely helpful and cooperative over the years. We are extremely grateful for their support.

All physicians in the area were especially hard pressed this year. Western Kansas suffers from a chronic lack of physicians. However, at this writing both Lakin and Leoti have been without any resident practicing physician for several months. This places the burden for those communities on physicians in adjacent towns. In Garden City five family physicians have left or retired in the past two years. While the number of specialists in the same time period has increased by four, only two new general practitioners have joined the medical community. Physicians in Goodland and Sharon Springs are no less overworked. For this reason no evening clinics were held in the northwest counties. Patients were seen during regular office hours.

In addition to the 716 persons receiving services at clinics 1492 other outpatient services were provided. The breakdown of these was as follows:

Office calls.....	926
Emergency room	138
Lab work	346
X-rays	82

Total cost for 2208 outpatient services was $14,998. This represents an average cost of $6.97 per outpatient service.

Fewer patients required referrals to eye or ear specialists than in previous years. Two patients required follow-up for pterygiae. One of these later had surgery paid for by private insurance. Two children were referred to an ophthalmologist, one for post surgery follow-up and the other for ptosis. One young adult was referred to an ear specialist and later had surgery for a punctured ear drum.

Dental surveys were conducted in early June by area dentists at each of the Title I Migrant Programs and community day care centers. A total of 506 children were examined in the initial surveys. An additional 128 children who arrived after the initital surveys had been completed were screened in local dentists' offices. Of the 506 screened in the first survey 37% required no treatment. The incidence of dental decay was much higher than is usually the case when approximately 60% of the children require no treatment. Since most of our families come from areas of Texas where the fluoride content of the water is high, the percentage of children requiring restorative or corrective work is usually lower than the national average. Additionally, the fact that the Project has provided comprehensive dental services for the last six years has resulted in minimal required treatment for children returning to the area. However, this summer many families new to the area arrived bringing with them a bonanza of dental problems.

The purpose of the dental survey of course is to determine the number of children requiring treatment and the dental caries experience of the children of seasonal farm workers. A survey is essential to initiate treatment and establish priorities for treatment.

Dental providers for the program were:

Lakin, Sublette	Dr. Jon Wheat
Johnson, Ulysses.....	Dr. Lewis Palmer
Leoti.....	Dr. Charles Purma
Garden City, Sublette.....	Dr. Dennis Parsons
	Dr. Michael Harris
Goodland, Sharon Springs.....	Dr. J. L. Beynon
	Dr. N. R. Hirsch
St. Francis.....	Dr. F. N. Haberbosch

During the past year 387 children received restorative dental services through the project. This represents an increase of 147 children treated as compared to a year ago. Of the 412 children needing treatment 367 had their work completed before leaving. An additional 20 were partially completed before leaving the area. Unfortunately 25 children "got away" before treatment could be initiated. Eleven adults were treated on an emergency basis requiring nine extractions. In total the project paid for 1178 fillings, 75 extractions and 57 crowns. Three partials, 12 space maintainers and eight corrective appliances were also provided. As a result of the needs and action taken 473 more fillings were provided than in the previous year.

Dental Caries Experience - Children of Migrant Workers

Western Kansas

June 6 to July 24, 1973

City	Age	Number of Children Examined	Children Requiring No Dental Treatment		Dental Caries Experience							
					Deciduous				Permanent			
			Number	Percent	d	e	f	def	D	M	F	DMF
Lakin	3-5	15	7	47%	0.67	0.13	0.60	2.80	0.07	0.00	0.00	0.07
	6-13	48	20	42%	1.23	0.08	1.02	2.33	0.21	0.02	0.75	0.98
Leoti	3-5	-	-	-	-	-	-	-	-	-	-	-
	6-13	87	12	14%	1.87	0.32	1.63	3.82	2.07	0.01	0.97	3.05
Garden City	3-5	8	0	00%	3.25	0.63	0.88	4.76	-	-	-	-
	6-13	23	1	04%	2.04	0.74	0.87	3.65	2.35	0.04	0.35	2.74
Saint Francis	3-5	1	1	100%	0.00	0.00	0.00	0.00	-	-	-	-
	6-13	17	9	53%	0.12	0.71	0.12	0.95	0.71	0.00	0.71	1.42
Johnson	3-5	5	1	20%	3.00	0.00	0.00	3.00	-	-	-	-
	6-13	18	5	28%	0.39	0.00	0.56	0.95	1.61	0.00	0.77	2.38
Sharon Springs	3-5	14	7	50%	0.86	0.07	0.21	1.14	-	-	-	-
	6-13	40	24	60%	0.52	0.05	0.32	0.89	0.55	0.00	0.05	0.60
Ulysses	3-5	11	5	45%	1.63	0.00	0.00	1.63	-	-	-	-
	6-13	37	13	35%	2.00	0.27	1.45	3.72	1.37	0.00	0.81	2.18
Sublette	3-5	26	9	35%	1.58	0.00	0.50	2.08	0.62	0.00	0.15	0.77
	6-13	43	16	37%	0.92	0.09	0.44	1.45	0.84	0.07	0.37	1.28
Goodland	3-5	35	24	69%	0.71	0.11	0.06	0.88	-	-	-	-
	6-13	78	35	45%	0.82	0.08	0.32	1.22	0.88	0.00	0.17	1.05
TOTALS	3-13	506	189	37%	1.23	0.19	0.73	2.15	0.95	0.01	0.43	1.39

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SUMMARY OF CHILDREN'S DENTAL SERVICES

	No. Screened	No. Requiring Work	No. Completed	No. Partially Completed	No. Not Started	% Completed
Garden City	44	44	41	3	-	93.18%
Goodland	113	54	40	-	14	74.07%
Johnson	34	34	24	10	-	70.58%
Lakin	96	60	60	-	-	100%
Leoti	87	61	55	2	4	90.16%
St. Francis	19	9	9	-	-	100%
Sharon Springs	67	26	24	2	-	92.30%
Sublette	99	67	65	2	-	97.01%
Ulysses	75	57	49	6	2	85.96%
TOTAL	634	412	367	25	20	89.25%

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Each year we see a steady decrease in the number of required extractions. This year was no exception with 74 fewer essential extractions. This was a reduction of 50% from a year ago.

In addition to restorative services the number of preventive services provided was as follows:

Prophylaxis	197
Fissure Sealant	50
Cavitron	31
Fluoride Treatment	126

Total cost for the dental program was $14,088 or an average cost per patient of $33.83.

Severe periodontal problems including bone loss were discovered in two youthful patients late in the year. Both patients were referred to periodontist, Conrad Rock in Hutchinson. The young woman required periodontal surgery. This made necessary five trips to Hutchinson. The young boy will have similar surgery in January. Costs for the latter will be assumed by Medicaid.

As is usually the case the Project provided much of the transportation for the children from the Title I and day care centers to the dentists' offices. Project staff transported all of the children from the Garden City, Sublette, Ulysses and Johnson programs. In Leoti, Sharon Springs, Goodland and St. Francis the programs provided the transportation. Lakin is fortunate in having a dentist across the street from the school. A number of parents also assisted with transportation. Not only is a considerable amount of staff time spent in transporting children, but in informing parents of their children's dental needs. It is vital that parents be kept informed of their children's dental problems, what should be done and why. Because of staff efforts to keep the lines of communication open between the dentist and the parents, very few misunderstandings occur. Even more important, the parent who refuses to allow his child to receive dental service is becoming rare indeed.

Dental education efforts of the staff and dental providers continue. The staff has included some dental education attempts with the monthly nutrition classes. However, ideally some follow-up should be provided in the home. Because of the lack of staff, we have only been able to provide limited follow-up. An additional problem is that the preferred brushing method has changed in the last few years. Most schools still stress the old method of brushing.

Johnson has never applied for Title I funds. This year a number of children were bussed from Johnson to the Ulysses program. However, some children did not attend either the Ulysses Program or the day care program in Johnson. This created difficulties in screening children. Coupled with the fact that many families stayed

in the Johnson area only briefly, completion of needed dental work suffered.

Another aspect of our program is providing needed medication for the patient. At clinics this is done by the physician from office supplies. Most patients are provided with a slip to present to the druggist with their prescription. The drugstore then bills the Project for the medication. During the past year the Project provided 848 prescriptions at a cost of $5,056.

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SUMMARY OF RESTORATIVE AND CORRECTIVE WORK COMPLETED ON CHILDREN

Town	Number Treated	PERMANENT Amal	Adaptic	Ext.	Crowns	PRIMARY Amal	Adaptic	Ext.	Crowns
Garden City	44	78		1		70	3	6	6
Goodland	40	111	3			104	3	9	
Johnson	34	28				21		2	2
Lakin	60	16			2	69	2	18	13
Leoti	56	132	12	1		58	31	3	20
Sharon Springs	24	74		1		28		6	
St. Francis	9	16				2		6	
Sublette	67	65		3		57	3	3	8
Ulysses	75	97	6		1	71	18	7	5
GRAND TOTALS	409	617	21	6	3	480	60	60	54

KEY: Amal = Silver alloy filling
Adaptic = White resin filling
Ext. = Extraction

PREVENTIVE DENTAL SERVICES SUMMARY

	Prophy	Fissure Sealant	Fluoride Treatment	Cavitron	Smoothing Grooves
Leoti	50	33	1		
Sublette	24		45		
Lakin	7	16	46		
Garden City	37		31		
Johnson	20		1	7	7
Ulysses	59	1	2	24	12
GRAND TOTALS	197	50	126	31	19

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VII. HOSPITAL SERVICE

Hospital services have been offered by the Project since July, 1967 when the Department of Health, Education, and Welfare made additional funds available for this purpose. No other single service has presented the Project such a constant problem in funding and continuity of service. Yet no other service can be as financially catastrophic to the family as meeting hospital expenses unaided.

The Project has agreements with 20 area hospitals at the present time. However, 79 of 86 patient episodes were handled by the following area hospitals: Bob Wilson Memorial Hospital, Ulysses; Greeley County Hospital, Tribune; Kearny County Hospital, Lakin; Northwest Kansas Medical Center, Goodland; and St. Catherine Hospital, Garden City.

When funds are available, the Project pays 100% of physician fees and 61% of hospital charges. Percentages are determined by federal formulas. We say "when funds are available" because the Project has been plagued by insufficient funds for hospital services for the past five years. Frozen federal funds for this category as well as spiraling hospital costs have been prime factors in lapses of service. Most years we have fortunately been able to procure other federal funds to continue the programs. However, in both 1970 and 1973 there were long lapses in hospital service because of the unavailability of federal funds. This past year hospital funds were exhausted in early December. Because of the realities in Washington, including the veto of the HEW bill and the operation of HEW on a continuing resolution, no additional grants were forthcoming. However, five days before the end of the fiscal year we received word from Topeka that an $8,000.00 surplus in maternal and child health funds existed in a county health department and the funds could be diverted to our program. Migrant hospital bills for which no other source of payment could be located were processed. Needless to say, the staff did some scrambling in order to process bills for 35 patients in five days.

During the interim when the Project was without funds for hospital service, other sources of payment were utilized with great fervor Medicaid paid a number of migrant hospital bills. These included a number of expensive episodes. However, the fact remains that property restrictions and income guidelines are too confining to make Medicaid a valid resource for most of our low-income families. This is especially true for the small family with a meager income. An additional problem is that many Kansas counties have interpreted a late 1972 revision in the Public Assistance Manual as meaning migrants are ineligible. Although the Supreme Court ruled five years ago that state residency requirements for welfare assistance were unconstitutional, many states have found ways to get around this ruling.

The Project assisted three families in making appeals. These families had been denied medical assistance. Two applications were rejected

because of the fact the families had resided in Kansas only a few months, and the other because they were making payments on a truck which exceeded property value restrictions. However, the equity in the truck was minimal and the truck was used as a tool necessary to their livelihood. Considerable delay ensues before appeals are heard. Two of the families had left the state and could not appear for their appeals. The third family signed a release after what they felt was great harassment from a county welfare department.

At this writing the Kansas welfare system is in the process of becoming totally state operated. This writer has barely begun to absorb the reams of materials dealing with these changes. However, officials on the state level feel that the change will create improved quality of social services as well as more efficient handling of applications and paperwork. It is our hope that the new system will result in fair treatment for all citizens of the state.

Since the last Project Report (December 1, 1973) the Project assisted with payment for 86 hospital episodes. Total cost to the Project was $25,020.11. Total number of days hospitalized was 368.5. The average number of days per patient was 4.3. The average cost per day was $67.88. The average cost per patient episode was $290.93.

The following comparison indicates rising costs in hospital care in our area.

	1969	1970	1971	1972	1973
No. of Patients	113	117	141	119	86
No. of Hospital Days	565	499	578	465	368.5
Cost per Day	$42.78	$49.45	$52.35	$63.94	$67.80
Cost per Episode	$213.93	$210.29	$220.91	$249.88	$290.93
Average Days/Patient	5.0	4.25	4.1	3.9	4.3
Total Cost	$24,174	$24,604	$30,259	$29,736	$25,020

The total number of patients served this past year may be misleading. Because of insufficient funds, not all patients qualifying for services and not having any other avenue of assistance could be helped. When additional funds were received, unpaid bills were processed in chronological order. This left six unpaid bills. A number of deliveries for Mexican nationals sans visas also could not be paid because of program rules and regulations. Additionally Medicaid paid for twelve other migrant hospital episodes. These included two C-sections, two tubal ligations, and two cases requiring gallbladder surgery. The latter figure compares favorably with Health Maintainance Organization figures and is well below average for major carriers such as Blue Cross-Blue Shield.

We feel that much progress has been made in providing preventative care. Early diagnosis and treatment coupled with changing attitudes have been instrumental in reducing the number of days required per patient.

As usual, expenses for deliveries and newborn accounted for the lion's share of hospital episodes: 48 of 86 episodes. However, in terms of dollars, expenses for 14 patients requiring treatment for conditions of the digestive system weren't far behind.

For the Project it indeed seemed like the year of the gallbladder and the C-section. In addition to the episodes already mentioned paid for by Medicaid, the Project assisted with payment for four other episodes involving gallbladder surgery (a fifth was scheduled, but postponed) and four Caesarean Sections involving three tubal ligations. All of the patients electing to have tubal ligations had had two or more C-sections.

Because of the abundance of surgical patients our average hospital stay per patient increased from 3.9 a year ago to 4.3. It should be noted that at this point in the present fiscal year, our hospital program is in better financial shape than it has been in years. Recently, $8766 not spent last year was returned to our budget for hospital services. One of the ironies of federal budgets is that frozen categories can remain depleted even when surpluses exist in other categories within the same budget. Since the hospital category is no longer frozen, it would appear that other transfers will be possible if funds are depleted. The idea of a $300 maximum once considered by HEW has apparently been discarded.

We anticipate a year with the best possible harmony between inpatient and outpatient services resulting in improved continuity of care for the patient.

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HOSPITAL SERVICES SUMMARY

Diagnosis	No. of Patient Episodes	No. of Days	Physician Fees	Hospital Costs (61%)	Total
Deliveries	24	108	$5,309.00	$4,675.43	$9,984.43
Newborn	24	90	135.00	1,207.35	1,342.35
Conditions of the Digestive System	14	105	2,912.40	5,642.50	8,554.90
Gyn Conditions and Complications of Pregnancy	8	15.5	273.50	888.05	1,161.55
Respiratory Infections	6	24	309.64	1,035.50	1,345.14
Injuries	2	4	163.00	331.22	494.22
Other	8	22	753.00	1,384.52	2,137.52
TOTALS	86	368.5	$9,855.54	$15,164.57	$25,020.11

VIII. THE PROJECT POLICY BOARD

In 1970 the Project Advisory Board was first established. Federal guidelines, new at that time, called for the creation of such a board with the Project appointing consumer and consultant members. This board met once per month for about a year and a half. More recent guidelines gave all migrant health projects a mandate to establish a policy making board. Later Projects were given specifics for the size, composition, and other requirements of the Board.

Elections to elect members to the Project Policy Board began in August, 1972. Members were elected in four basic areas: Garden City, Goodland, Leoti and Ulysses. Efforts were made to have persons from surrounding towns and counties present at the elections held in the above communities. The Project Policy Board first met as a group in December, 1972 after getting snowed out in November. Getting people together for an election is extremely difficult since many people work very late. Many farmworkers work seven days a week which poses additional problems.

The functions of the board are defined in the most recent draft of federal guidelines prepared in May, 1973 as follows and are similar to previous drafts.

Functions of the Board:

a) The board shall have the authority to establish, amend, and revise general policy to include, but not be limited to, the following:

   (1) Establishing personnel policies which include recruitment, selection and dismissal, qualifications, salary and benefits, and grievance procedures.

   (2) Selecting and eliminating health care services.

   (3) Creating criteria for service eligibility and developing fee schedules as appropriate.

   (4) Establishing hours and locations of services.

   (5) Setting priorities for allocation of project funds among services.

   (6) Establishing methods of evaluating the project.

b) In addition the board should:

   (1) Adopt articles of incorporation, by-laws, and administrative policies; and

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(2) Create committees and describe their activities.

c) The board, in establishing the above-mentioned policies, shall not:

(1) Establish any policy which is inconsistent with the Migrant Health Act or the regulations set forth in Part 1 of this document or which prevents the fulfillment of obligations imposed under the grant.

(2) Involve itself in the hiring and firing of any personnel except the project director, who shall be hired or fired only with the approval of the board. If a project has a director prior to the creation of a policy board, he should be designated "acting director" or "interim director" for no longer than 90 days, during which time the board should formally vote to approve or disapprove his appointment. If a project has no director, the policy board should be actively involved in the entire process of recruiting, interviewing, and selecting candidates for the position.

Selections of these guidelines dealing with personnel policies and hiring and firing of the project director raised certain conflicts between the functions of the Project Policy Board and the Kansas State Board of Health. The specific point of conflict was that personnel policies including salaries and annual raises were already determined by the state civil service system. In February, 1973 the Project Board voted to accept the state personnel system into their by-laws, thus eliminating any further conflict.

Numerous difficulties have been encountered in filling board vacancies caused by members leaving the state or otherwise being unable to serve. Several special elections have been necessary to fill vacancies and to elect alternates. Yearly elections were again held in the fall.

Since the Project area encompasses such a large area, additional difficulties are always present in getting the group together. For several months meetings were rotated between the four major areas. In the spring the Board voted to establish Leoti, the most central location, as its regular meeting place. Meetings are held on the first Sunday of the month at 3:00 p.m., Central Time (The Project area is divided by the Mountain and Central Time zones.). Goodland and Garden City are nearly 150 miles apart. On more than one occasion Goodland has had a blizzard when it's fine in Garden City.

Much of the past year has been spent familiarizing the board with Project guidelines, functions of the Board, and basics of parliamentary procedure. Two days of board training were provided by

Inter-America Research Associates in May. Presently the Board is in the process of writing its by-laws and establishing a consumer grievance committee. A Project evaluation comittee will also be established in the near future.

One very knotty problem dealt with by the board concerned providing services to illegal aliens. Many Mexican nationials come into the area without visas or working permits. Many are sent back to Mexico by immigration officials only to return again within a few days or weeks. The situation is akin to robbing Peter to pay Paul. The so called "wetback" takes many jobs that would otherwise be available to the migrant. Often he works for less than the migrant. He is an employer's dream. Because he doesn't want to attract attention he rarely complains about anything. The illegal alien problem is complicated by the fact that most often families are comprised of citizen and noncitizen sans papers members.

The Board reached the following decisions regarding routine services: assistance be given to domestic families and non-domestic families where one or both parents are citizens and/or have visas allowing them to work in the U.S. It was also decided that routine services be provided to children born in the U.S. regardless of the status of their parents. Persons having an illegal alien status should be provided with medical and dental services only on an emergency basis when no other avenue of payment exists. The Board also voted to provide screening services to all children enrolled in Title I Migrant Programs. It is the responsibility of such programs to determine eligibility for enrollees.

Despite many difficulties the Board has grown considerably within the past year. We look forward to a year of continued growth and increased consumer involvement.

IX. SUPPLEMENTAL FOOD PROGRAM

Despite various ever present difficulties and problems, the Supplemental Food Program has been able to survive throughout another year. Due to bureaucratic and political manipulation as well as national shortages, at times one or more items were unavailable for distribution. Also, an unexpected change of location of the Project Office in Garden City meant the temporary lack of an adequate storage area. Consequently, during this time we were able to keep enough commodities on hand to meet emergency situations, but we were not able to continue routine distribution to all eligible families.

Nevertheless, distribution of the available items continued much the same as in previous years. Three shipments totaling 67,157 pounds of supplemental foods were received and stored at the Project Offices in Goodland and Garden City. Distribution to the families in Goodland, Sharon Springs, St. Francis, and the entire northwest area is made through the Goodland office. Garden City, Holcomb, Deerfield, Lakin, Johnson, Ulysses, Satanta, Sublette, Copeland, Leoti, Scott City, Lakin, and all the southwest area are served through the Garden City office. Families in the northwest counties pick up their commodities at the Migrant Health Office in Goodland. If they are not able to do this, the commodities are delivered to the families by the staff. Families living in Garden City, Holcomb, and Deerfield pick up their commodities at the Garden City office. Commodities are transported from Garden City and distributed to eligible families at the monthly cooking and nutrition classes in Ulysses, Johnson, Leoti, and Satanta. When eligible families are unable to attend the cooking classes or when commodities are needed in an emergency situation, these are delivered to the families by the staff. Commodities for families in the Lakin area are transported to Lakin, and distribution is made by the county health nurse through her office.

Throughout the year much of the routine work involved in preparation of the monthly issue and receipt forms and in the actual physical preparation of allotments was done by a senior Neighborhood Youth Corps worker. Assistance in these very time consuming routine procedures enabled the Health Educator to concentrate at least 50% more of her time in personal contacts with families and in health education. Complete family histories as well as active and inactive card files are maintained on all commodity recipients. Also, each family is regularly provided with an identification card and an authorization form which enables them to designate some one else to pick up their allotment for them if they are unable to do so. A running inventory indicates exactly what and how many food items are on hand, and monthly reports are completed for the USDA office in Dallas and the

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Division of Food Programs in Topeka.

Approximately 61,500 pounds or almost 31 tons of supplemental food were distributed to an average of 164.58 infants, preschool children, and prenatal and postpartum mothers during the past year. Without a doubt the most important food item is the milk. Yet, starting in January 1974 only infants up to thirteen months will be eligible to receive the evaporated milk due to a shortage of this item. Children ages three to five and prenatal and postpartum mothers will continue to receive a four-pound box of instant nonfat dry milk each month, and this is a very minimal allotment. However, worse than this is the fate of toddlers and preschoolers ages fourteen months to three years who will receive no supplemental milk whatsoever during this critical period of their growth and development. This is but another in a growing list of examples that United States Food Programs are determined more by our nation's agricultural policy and budgetary constraints than the actual mainifest needs of the millions of Americans affected by hunger and malnutrition increasing in severity from year to year.

This is one of the steps leading to the phasing out of the Supplemental Food Program sometime during the coming year. Already all the Kansas counties having a donated foods program through the local welfare offices have converted to the food stamp program. The Migrant Health Service will receive a final commodity shipment in early 1974 which will enable distribution of supplemental food items to continue for possibly nine additional months. The worst part about the discontinuance of this program is that there is no suitable replacement for it. Supposedly it has been replaced by the Women, Infants and Children Program, a "Phase II" variety of the regular Supplemental Food Program. However, WIC provides fewer items and smaller alottment and will serve children only to age five rather than age six. Furthermore, funds have been furnished for WIC only to June 30. Further funding will be available if intial data can substantiate the validity of the program. However, at this writing few notice of grant awards for this program have been made and no programs are in operation.

An application to participate in the WIC Program has been submitted. Hopefully, we will be able to implement this program when the regular Supplemental Food Program is terminated.

Perhaps one of the greatest benefits of the Supplemental Food Program has been not merely the distribution of food, as important at this has been in supplementing dietary requirements particularly of protein and iron; but the existence and operation of this program has provided easy access to the area of nutrition education. Hopefully the providing of the supplemental food items has not been merely a band-aid approach to the problems of hunger and malnutrition. Through systematic planned efforts basic concepts of nutrition have been presented both on an individual basis and in group settings. This will continue with or without the Supplemental Food Program, and possibly be the greatest accomplishment of the program.

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MONTHLY ALLOTMENTS OF SUPPLEMENTAL FOODS

	Infants 0-6 months	Infants 7-12 months	Children 1-5 years	Women Prenatal and Postpartum
1. Evaporated Milk	30	30	-	-
2. Instant Milk	-	-	0 (1-2 Years) 1 (3-5 Years)	1
3. Farina	3	3	3	1
4. Corn Syrup	3	3	-	-
5. Juice	1	2	3	3
6. Vegetable	-	-	4	7
7. Meat	-	-	1	1
8. Egg Mix	-	2	4	2
9. Peanut Butter	_	_	1 (Every 2 months)	1 (Every 2 months)

The expansion of the Food Stamp Program to all Kansas counties is intended to be an improvement over the previous county commodity programs. However, the Food Stamp Program does not meet the needs of the majority of our families or of any poor families. Our records over the past year indicate that of families receiving the supplemental food commodities the average participation in the food stamp program was 20%. The highest participation in any single month was 53%, and during three months the participation was 0%. The chief reason for lack of participation is the ever increasing cost of the stamps. Effective January 1, 1974 monthly stamp allotments will be increased 18% to 22% for most families. However, many families will find the increased allotments all but wiped out by the increased prices of the stamps. The increase in cost will be felt most by large families. In fact, some households of ten or more persons (Most of our families are large families.) will actually lose money because the increase in cost will be greater than the increase in the value of the stamps.

The increased cost of the food stamps will force many of the working poor families to withdraw from the program. Many others will be able to purchase only a portion of the monthly stamp allotment because they will not be able to afford the full monthly allotment. Families not participating in the program will be too discouraged even to apply. Actually what is happening is that USDA is forcing the poor to pay increasingly larger percentages of their meager incomes for the same amounts of food. As a result there is less money available for other increasingly costly necessities.

0015

COMMODITY DISTRIBUTION

Individuals Served

		Finney	Sherman	Total
December	1972	217	15	232
January	1973	213	24	237
February	1973	236	17	253
March	1973	235	31	266
April	1973	212	22	234
May	1973	205	35	240
June	1973	40	64	104
July	1973	29	37	66
August	1973	41	18	59
September	1973	6	23	29
October	1973	103	28	131
November	1973	107	17	124
		1644	331	1975

Commodities distributed December 1972 through November 1973 were approximately 61,500 pounds or almost 31 tons of food.

Average number of recipients per month was 164.58 persons, including infants, preschool children, and prenatal and postpartum mothers.

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COOKING CLASSES

		Classes	Attendance
December	1972	5	39
January	1973	4	36
February	1973	6	41
March	1973	5	40
April	1973	5	44
May	1973	4	42
June	1973	0	0
July	1973	0	0
August	1973	0	0
September	1973	3	23
October	1973	3	28
November	1973	8	50
Totals		43	343

Average cooking class attendance was 7.97 individuals (not including the months of June, July, and August).

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X. COMMUNITY ACTION AND SUPPORT

Migrant day care programs were held in only two areas this year. Fewer centers than in past years may be due to the difficulty of acquiring funds and local support as well as the fact that by now the novelty of having these programs has worn off. Only those directly and personally involved in such a program are aware of the long hours of plain hard work which go into the successful operation of a migrant day care program.

Some concerned individuals in Scott City began early in the spring to plan and arrange for a summer day care program to be held in that area. However, they were unable to overcome local obstacles, and the program never became a reality.

Johnson's Concerned Citizens of Stanton County again sponsored their day care center. It lasted approximately one month. Due to a complete turnover in the migrant population of Johnson this year there was a much smaller number of infants and children needing care. Actually in early June when the center was due to open, there were only eight children up to two years of age, no children ages two to four years, and only seven children ages five to ten years. However, there were about twice as many teenagers as usual.

The Grant County Day Care Center again sponsored both a migrant nursery and a migrant day care program. Barbara Palmer is the Director of the Grant County Day Care Center. Additional summer directors were Virginia Boepple for the nursery and David Wine for the day care center. Average daily attendance was 7 for the nursery and 16 for the day care center. The day care center served a total of 59 children from the ages of two to six years old. The nursery cared for children from two weeks up to three years of age. Both programs were open an average of twelve hours per day.

Despite many problems, not the least of which is funding, Ulysses is planning to provide migrant day care again during the coming migrant season.

The Project receives a great deal of support from many organizations and individuals within the community. Countless donations of used clothing, household items, bedding, baby bundles, and quilts are received throughout the year. Several church groups and organizations sponsor annual projects to provide Christmas baskets, clothes, and toys to needy families in the area. Several pharmaceutical companies have supplied the Project with many educational materials and supplies including regular and soy infant formula. Area Rotary and Lion's Clubs have purchased glasses for a number of low-income children. Most communities have made meeting places and kitchen facilities available to the Project free of charge for nutritional classes and other educational endeavors. Area extension office staff have been extremely helpful in assisting with nutrition classes and supplying audio-visual

aides and other materials. Extension office staff have also sponsored sewing classes, budgeting sessions, and "workshops" for making all sorts of household items out of things usually thrown away.

A need still exists for more assistance with social security problems, obtaining birth certificates, driver's licenses, help with tax returns, workman's compensation problems, and filling out applications of all sorts. Project staff assists with many of these problems, but must take time from other endeavors to do so. For the staff our most precious commodity is time. There is never enough to go around.

The Kansas Council of Agricultural Workers and Low-Income Families has been of considerable benefit to area families. However, with the strangulation of O.E.O. the migrant up-grading and adult education components of the program have been phased out due to lack of funds. Headstart programs operated by KCAW-LIF provided opportunities for low-income youngsters in four communities. A legal aide program also sponsored by the Council provided services for migrants and low-income families during the summer. This program was set up with the assistance of local attorneys and the Kansas University Law School.

The remainder of this section will deal with another Council endeavor: the VISTA Project.

DE RERUM VISTAE COUNCILII

Glen Gavin
VISTA Supervisor

The Kansas Council of Agricultural Workers and Low-Income Families, Inc., 205 W. Chestnut in Garden City, became sponsor in 1973 of a VISTA project for western Kansas. (This project is successor to one sponsored by Migrant Health several years back.) The chief concern of the VISTA workers here has been housing: improvement of substandard housing; construction of new housing; formation of interest groups to lobby for better housing conditions for lower-income families and persons; development of alternative housing delivery systems; referral and counseling services. Areas served by the KCAW/VISTA project are Garden City, Ulysses, Liberal, Leoti and Goodland.

VISTA is new to Liberal: David Baldwin and Marge Cowan began their trail-blazing effort there in March, 1973. During their tenure they have organized the "Concerned Citizens Coalition," a grass-roots group, and have secured a fair degree of cooperation from the "power structure" as well. The housing redevelopment program proposal, drafted by the VISTA team (with some technical assistance provided by the state), outlines a community-sponsored housing delivery system which will furnish better housing for 100 moderate and low-income families. Redevelopment will occur in the northeast neighborhood, a clearly defined poverty sector marked by the community's greatest concentration of substandard housing. The salient features of the proposal are an industry-sponsored loan guarantee fund, a city-administered land grant system and low-cost construction methods (possibly involving a manpower

0019

training program). The Liberal VISTAs' main auxiliary project is the Big Brother-Big Sister program, which they have been instrumental in organizing and directing; they have also worked a good deal in the area of civil rights. The VISTA office is located at 412 N. Washington (telephone: 624-5432).

Ulysses is Kansas' pioneer VISTA-organized, FmHa-financed self-help housing project. (Five homes were constructed there by participating families during Migrant Health's sponsorship of VISTA.) Tom Myers has been working to organize a new self-help project in Ulysses --- pre-construction meetings and fund-raising activities are part of member families' agenda, as they proceed along the course which, it is hoped, will lead to a second set of dwellings built cooperatively by participating families themselves. The Farmers' Home Administration enables eligible families to obtain low-interst loans for building and land costs, and it supplies the services of a construction supervisor once building actually begins. The VISTA office is located in the Grant county courthouse (telephone: 356-4854).

Garden City VISTAs Laurie Eager and Leslie Hawkins are trying to get a self-help project off the ground for Garden City-Holcomb. They have been counseling families for several months, and have been scouting about for land in Holcomb (FmHA offers direct services to towns of no more than 10,000 inhabitants.). They have, additionally, helped the local school system in the designing of bilingual education plans, and the junior college on adult education. They are collaborating with ex-VISTA Lanell Hays, Father Rich Kolega and others from the community (including a hefty contingent from migrant Health) on the "Garden City Coalition for Better Housing," an interest group whose aims are parallel to those of the Liberal coalition. The VISTA office is at 205 W. Chestnut (telephone: 275-4123).

Pam Collins and Kerry Harms, in Goodland, are attempting to form a self-help group there --- so far without much success, owing to the Goodland target population's high incidence of transience and general volatility, they explain. The Goodland team perseveres. Supplemental projects include: "Meals-on-Wheels" and a recycling center, both of which they helped inaugurate, referral, counseling and tutoring services. The Goodland VISTA office is in the municipal building (telephone: 899-5761).

The KCAW/VISTA project is slated to continue at least through 1975; Volunteer replacements are scheduled to arrive at regular intervals (theoretically, anyhow). For example, VISTA should be returning to the the Leoti fold soon. Though most Volunteers (who serve at subsistence wages, normally for one year) come from other parts of the country (in our experience, mostly from the east and west coast regions), "locally-recruited-Volunteer"candidates are invited to apply from target areas. See your local VISTA worker for further information, or write to the KCAW office in Garden City.

0050

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED: April 1, 1974

PERIOD COVERED BY THIS REPORT: FROM December 1972 THROUGH November 30, 1973

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE: Western Kansas Migrant Health Project

2. GRANT NUMBER (Use number shown on the last Grant Award Notice): 07-H-000018-10-0 CS-H20-C-0

3. GRANTEE ORGANIZATION (Name & address):
Kansas State Department of Health
535 Kansas Avenue
Topeka, Kansas 66603

4. PROJECT DIRECTOR: Evalyn S. Gendel, M.D.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	640	640	N.A.
FEB.	648	619	29
MAR.	656	656	N.A.
APRIL	741	731	10
MAY	3185	3185	N.A.
JUNE	4435	4424	11
JULY	4763	4763	N.A.
AUG.	3885	3885	N.A.
SEPT.	2222	2196	26
OCT.	1780	1745	35
NOV.	1084	1076	8
DEC.	812	812	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	32	14	18
UNDER 1 YEAR	2	1	1
1 - 4 YEARS	7	3	4
5 - 14 YEARS	8	3	5
15 - 44 YEARS	15	7	8
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	5466	2599	2867
UNDER 1 YEAR	80	34	49
1 - 4 YEARS	437	208	229
5 - 14 YEARS	1150	526	624
15 - 44 YEARS	3582	1739	1843
45 - 64 YEARS	202	85	117
65 AND OLDER	15	7	8

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	February	June
IN-MIGRANTS	12	May	August

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Project records, migrant school enrollment, employment lists.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Current files of the Project plus past experience.
NOTE: Peak propulation does not occured at the sametime in each county. Peak month total does not include all migrants. Total estimated population was 6107

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	1	51
51 - 100 PERSONS	1	58
MORE THAN 100 PERSONS	1	181
TOTAL*	3	290

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
Rural	267	2145
"Urban	389	3031
TOTAL*	656	5176

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

POPULATION AND HOUSING DATA

FOR Finney COUNTY.

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	72	72	N.A.
FEB.	72	72	N.A.
MAR.	72	72	N.A.
APRIL	81	81	N.A.
MAY	260	260	N.A.
JUNE	321	321	N.A.
JULY	270	270	N.A.
AUG.	200	200	N.A.
SEPT.	108	108	N.A.
OCT.	92	92	N.A.
NOV.	80	80	N.A.
DEC.	64	64	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	N.A.	N.A.	N.A.
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS:			
TOTAL	321	149	172
UNDER 1 YEAR	4	1	3
1 - 4 YEARS	23	12	11
5 - 14 YEARS	83	38	45
15 - 44 YEARS	189	91	98
45 - 64 YEARS	21	7	14
65 AND OLDER	1	0	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
Scattered Rural	12	42
"Urban"	50	279
TOTAL*	62	321

NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

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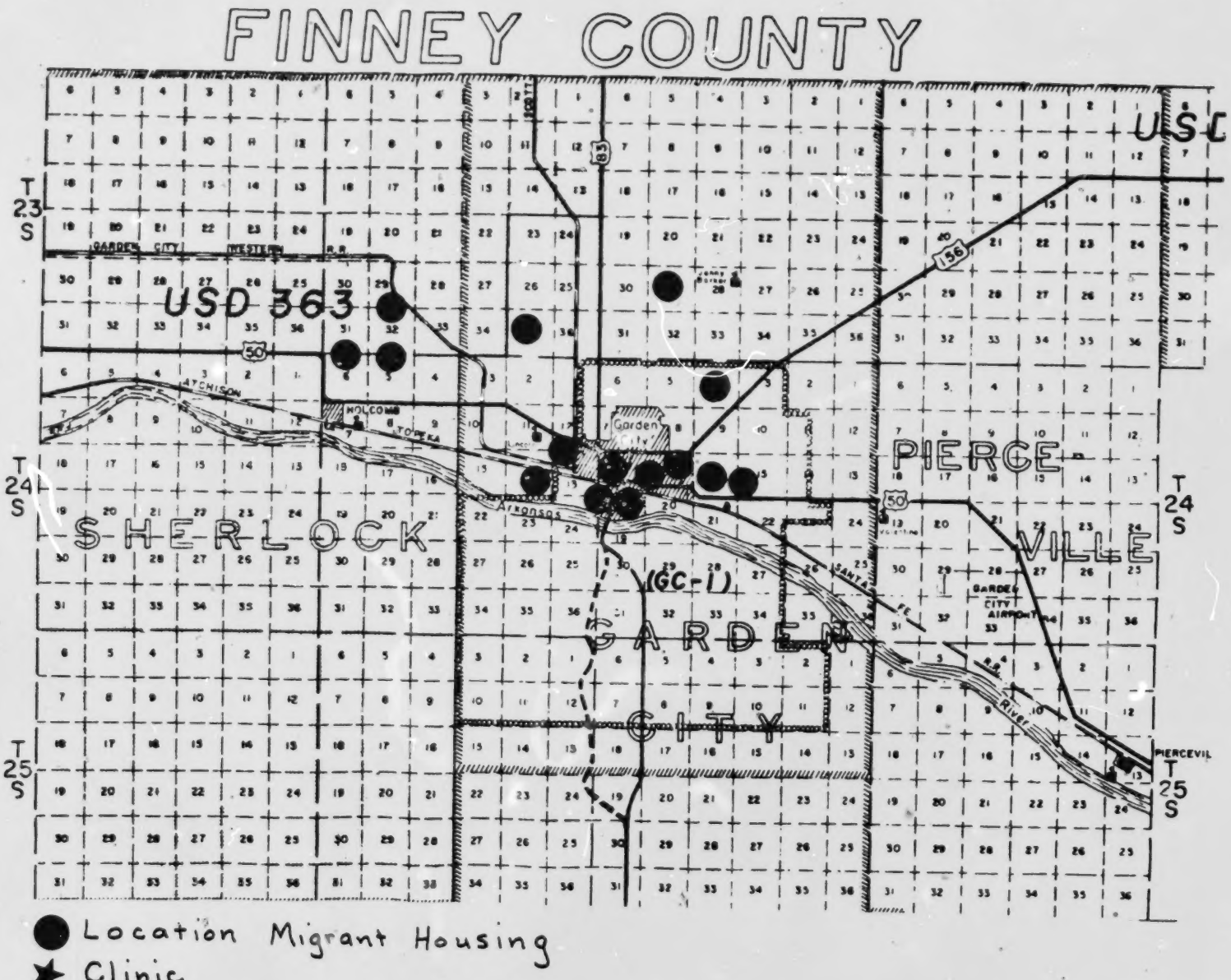
FINNEY COUNTY
USD 363
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T 23 S
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SHERLOCK
PIERCE
VILLE
GARDEN
CITY
(GC-1)
Garden City
GARDEN CITY AIRPORT
ATCHISON
TOPEKA
SANTA FE
ARKANSAS
RIVER
PIERCEVIL
50
83
156
Location Migrant Housing
Clinic

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POPULATION AND HOUSING DATA

FOR Grant COUNTY.

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	203	203	N.A.
FEB.	203	203	N.A.
MAR.	228	228	N.A.
APRIL	270	270	N.A.
MAY	601	601	N.A.
JUNE	756	756	N.A.
JULY	607	607	N.A.
AUG.	570	570	N.A.
SEPT.	549	549	N.A.
OCT.	580	580	N.A.
NOV.	421	421	N.A.
DEC.	243	243	N.A.
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	16	May	Sept.

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS:			
TOTAL	756	368	388
UNDER 1 YEAR	8	3	5
1 - 4 YEARS	56	23	33
5 - 14 YEARS	117	56	61
15 - 44 YEARS	528	265	263
45 - 64 YEARS	45	21	24
65 AND OLDER	2	0	2

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	1	58
MORE THAN 100 PERSONS		
TOTAL*	1	58

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Rural	15	75
"Urban"	104	623
TOTAL*	119	698

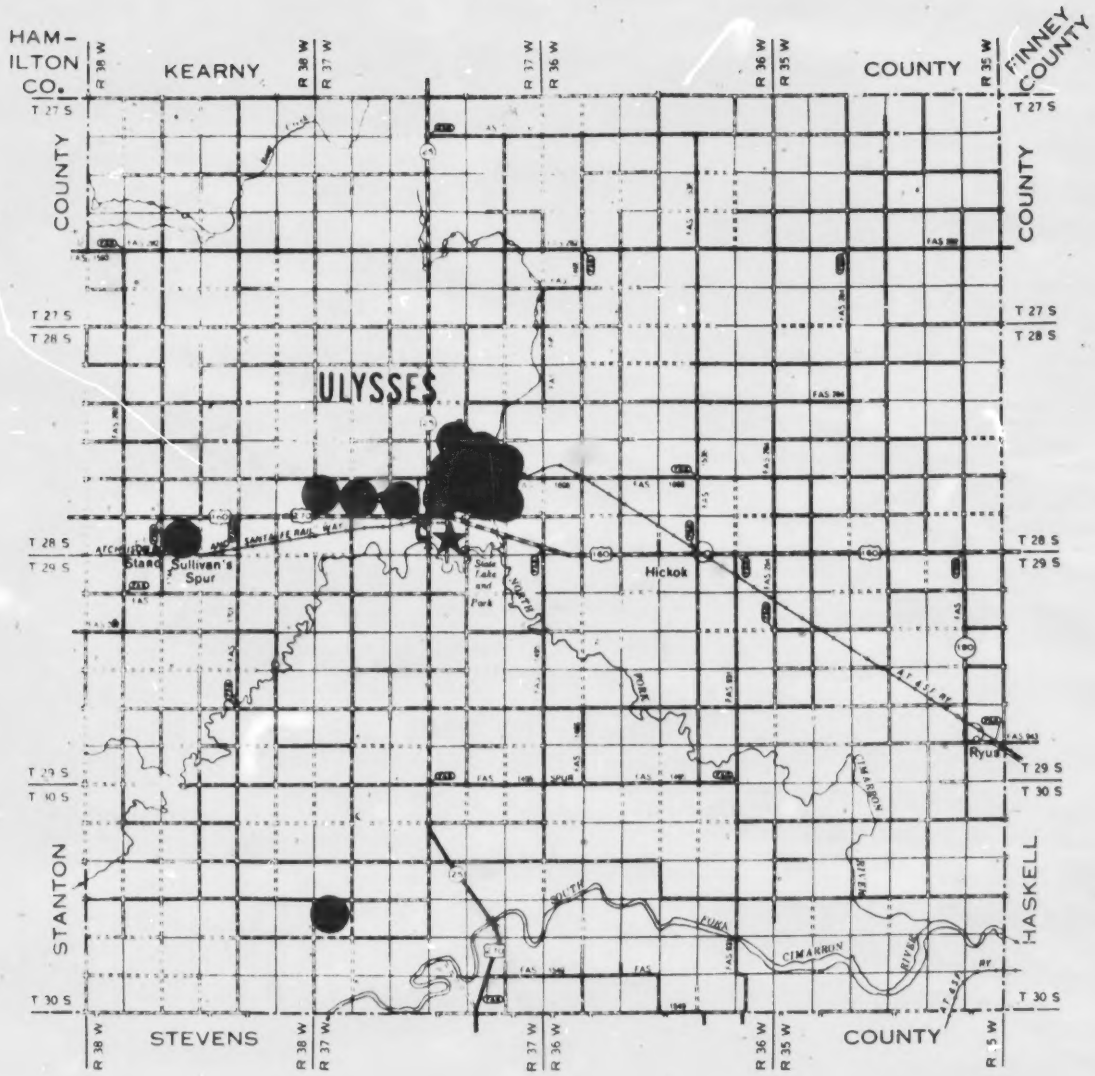
*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

0054



● Location Migrant Housing

★ Clinic

GRANT COUNTY
KANSAS

1961

0055

POPULATION AND HOUSING DATA

FOR Gray-Haskell COUNTY.

GRANT NUMBER

07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	52	52	N.A.
FEB.	52	52	N.A.
MAR.	61	61	N.A.
APRIL	67	67	N.A.
MAY	250	250	N.A.
JUNE	420	420	N.A.
JULY	390	390	N.A.
AUG.	150	150	N.A.
SEPT.	140	140	N.A.
OCT.	96	96	N.A.
NOV.	65	65	N.A.
DEC.	65	65	N.A.
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS:			
TOTAL	420	205	215
UNDER 1 YEAR	8	2	6
1 - 4 YEARS	65	35	30
5 - 14 YEARS	120	57	63
15 - 44 YEARS	206	100	106
45 - 64 YEARS	21	11	10
65 AND OLDER	0	0	0

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	1	51
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	1	51

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
Rural	26	271
"Urban"	13	98
TOTAL*	39	369

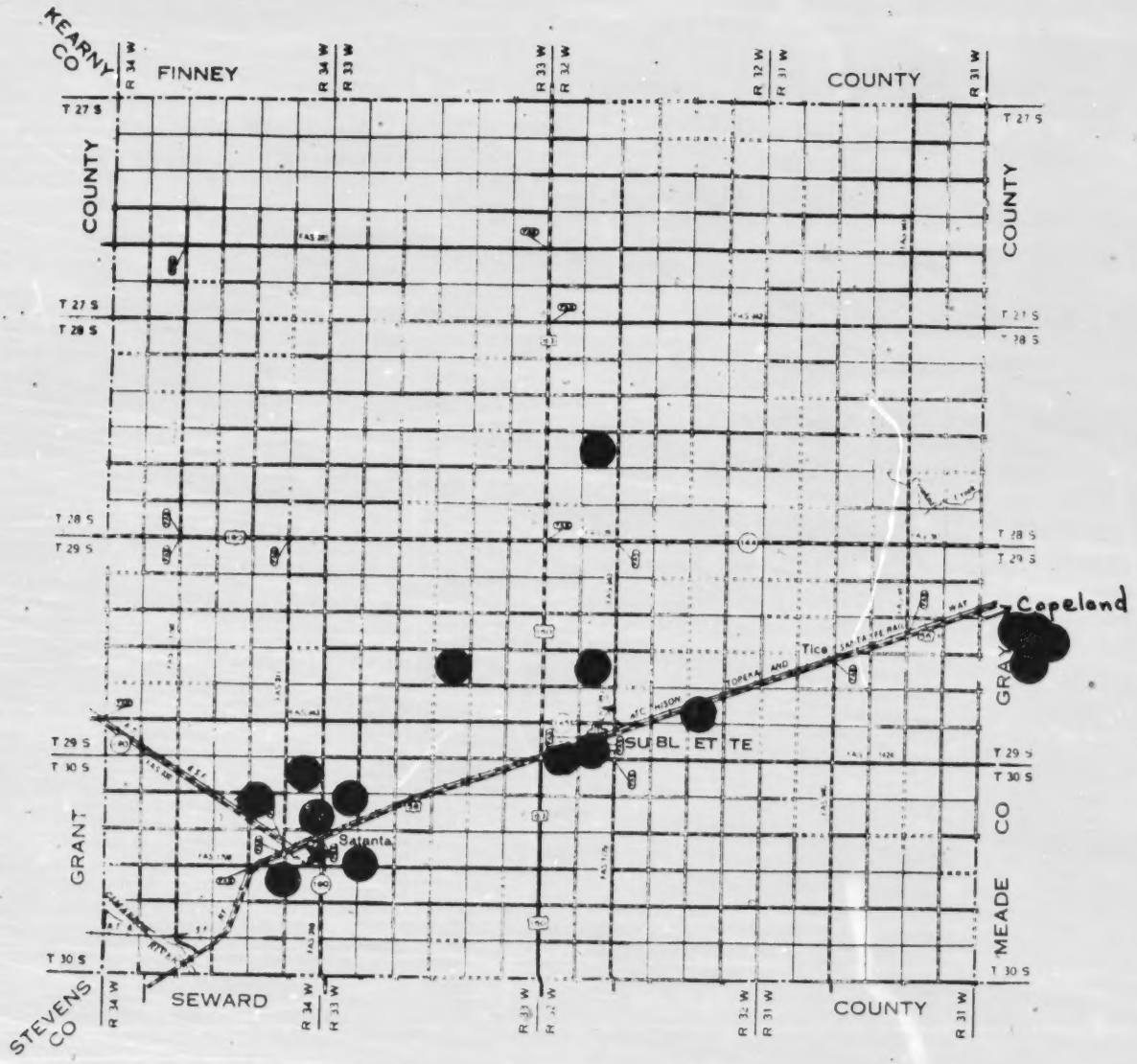
NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

0056



● Location Migrant Housing

★ Clinic

HASKELL COUNTY
KANSAS

0057

POPULATION AND HOUSING DATA

FOR Kearny COUNTY.

GRANT NUMBER: 07-H-000018-10-0 GS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY-MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	62	62	N.A.
FEB.	62	62	N.A.
MAR.	62	62	N.A.
APRIL	65	65	N.A.
MAY	480	480	N.A.
JUNE	516	516	N.A.
JULY	450	450	N.A.
AUG.	350	350	N.A.
SEPT.	98	98	N.A.
OCT.	73	73	N.A.
NOV.	73	73	N.A.
DEC.	69	69	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS:			
TOTAL	516	236	280
UNDER 1 YEAR	9	4	5
1 - 4 YEARS	48	22	26
5 - 14 YEARS	120	55	65
15 - 44 YEARS	301	140	161
45 - 64 YEARS	37	15	22
65 AND OLDER	1	0	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 80 PERSONS		
81 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Rural	25	270
"Urban"	18	246
TOTAL*	43	516

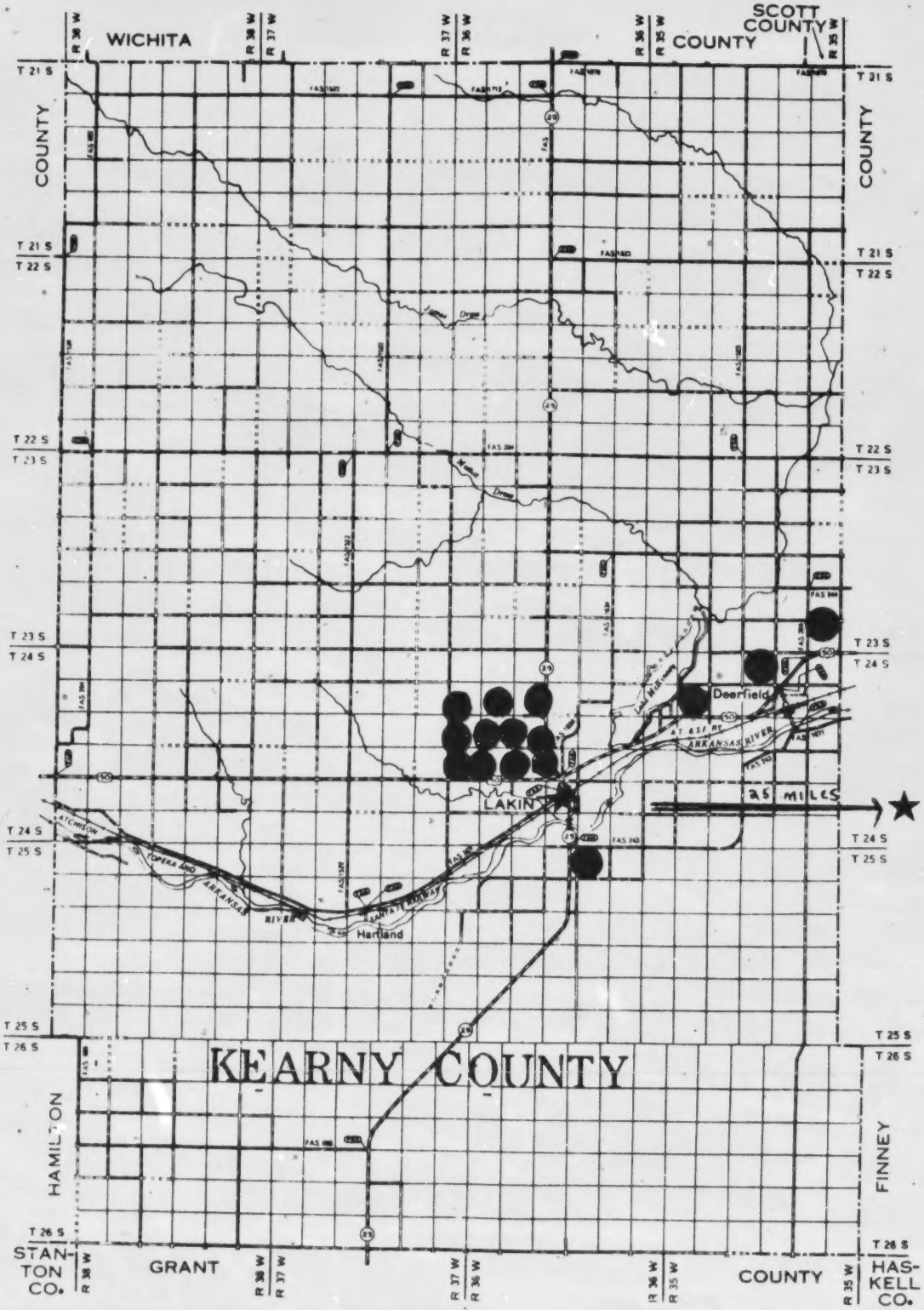
*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

0038



● Location Migrant Housing

★ Clinic

0059

1973	POPULATION AND HOUSING DATA FOR Sherman - Cheyenne / Wallace COUNTY.	GRANT NUMBER 07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS. Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	173	173	
FEB.	152	123	29
MAR.	130	130	
APRIL	128	118	10
MAY	1470	1470	
JUNE	1930	1919	11
JULY	2430	2430	
AUG.	2132	2132	
SEPT.	1083	1057	26
OCT.	785	752	35
NOV.	341	333	8
DEC.	274	274	
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	February	June
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	32	14	18
UNDER 1 YEAR	2	1	1
1 - 4 YEARS	7	3	4
5 - 14 YEARS	8	3	5
15 - 44 YEARS	15	7	8
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	2430	1140	1290
UNDER 1 YEAR	46	21	25
1 - 4 YEARS	148	72	76
5 - 14 YEARS	465	204	261
15 - 44 YEARS	1733	835	898
45 - 64 YEARS	31	5	26
65 AND OLDER	7	3	4

6. HOUSING ACCOMMODATIONS

a. CAMPS

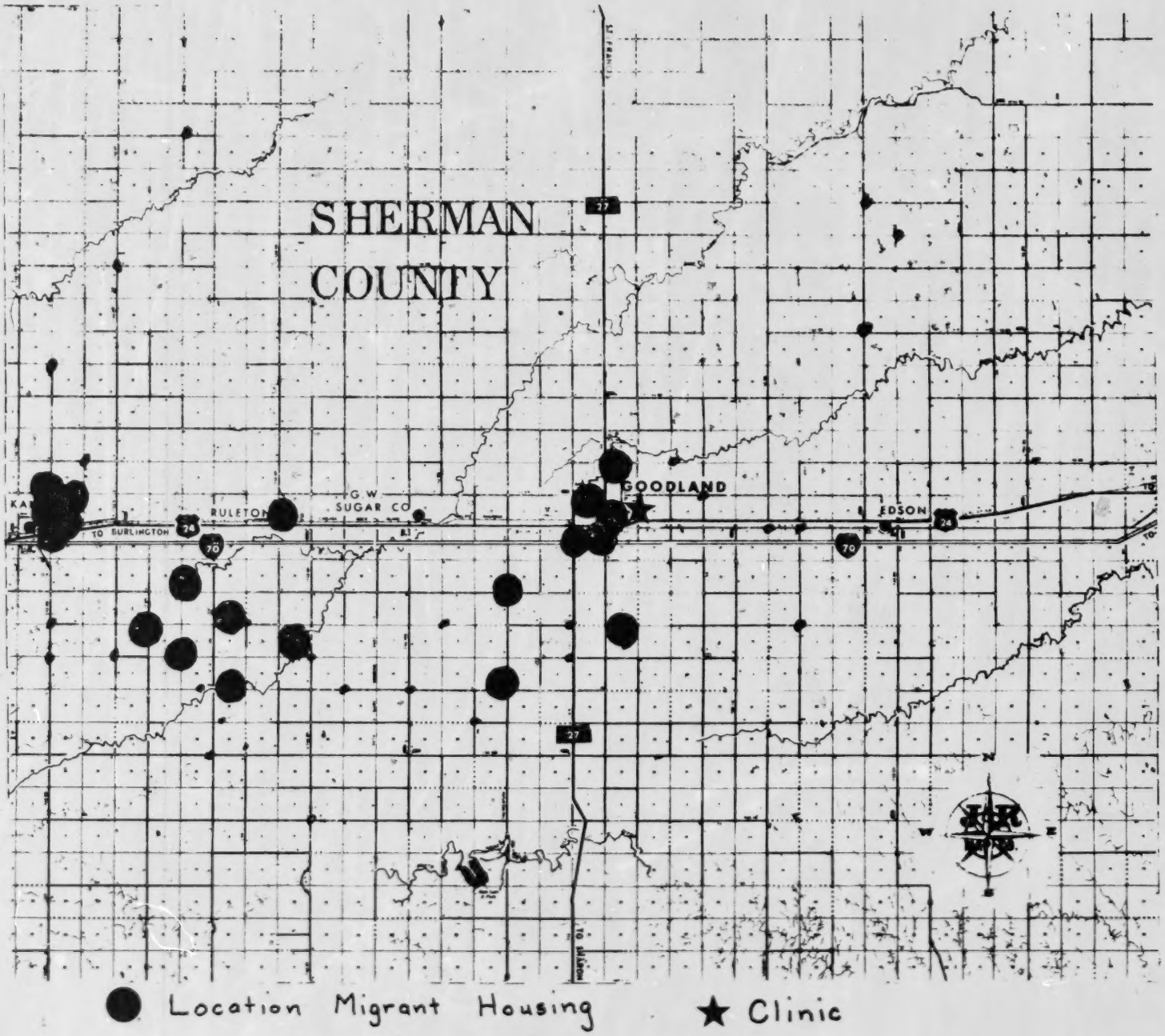
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	169	1362
Urban	144	1068
TOTAL*	313	2430

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS


SHERMAN
COUNTY
GOODLAND
EDSON
RULETON
G W
SUGAR CO
TO BURLINGTON
27
24
70
Location Migrant Housing
Clinic

1980
55
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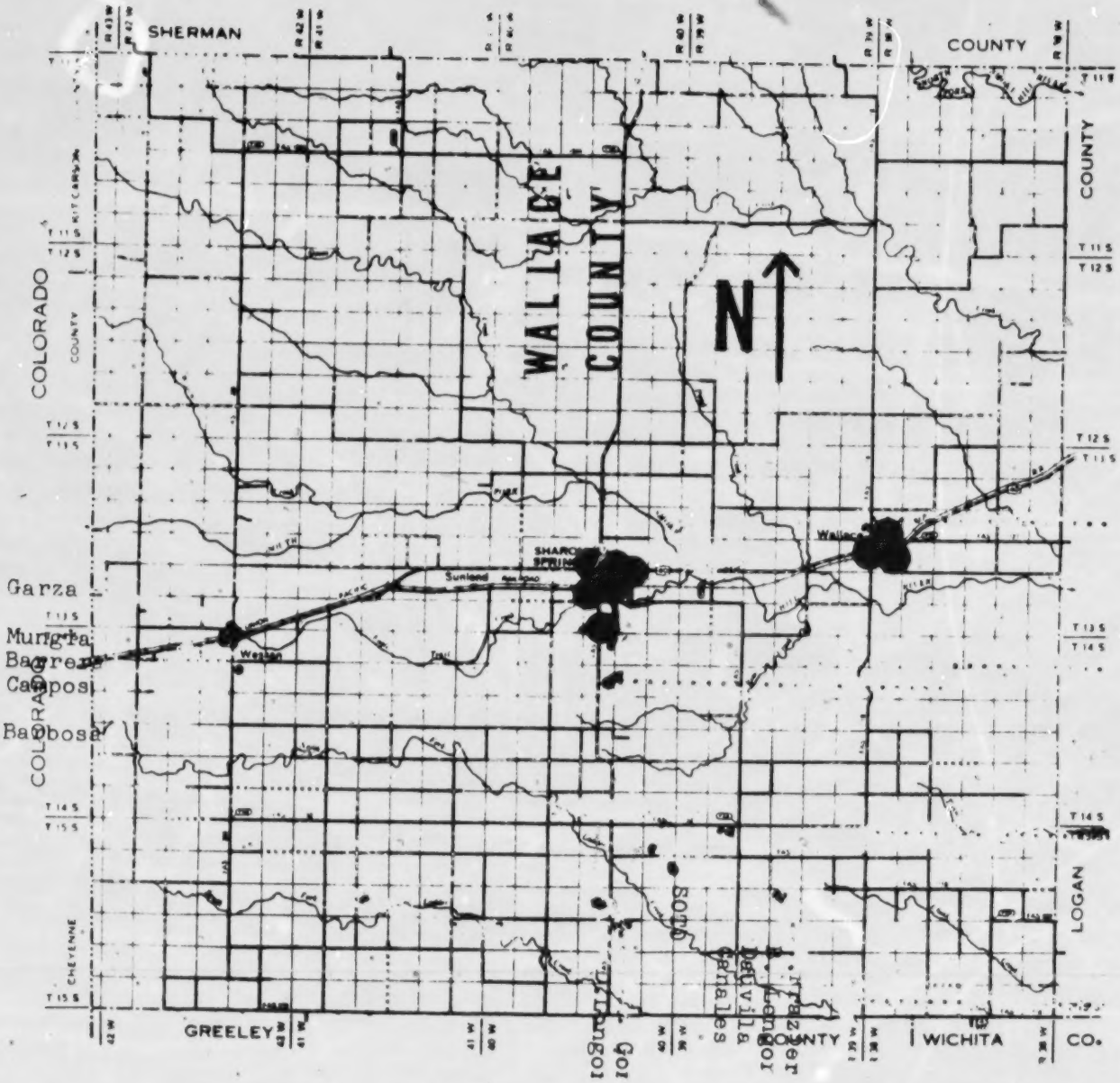


● Location Migrant Housing

1082

POPULATION AND HOUSING DATA

FOR Stanton COUNTY.

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	69	69	N.A.
FEB.	69	69	N.A.
MAR.	73	73	N.A.
APRIL	76	76	N.A.
MAY	200	200	N.A.
JUNE	507	507	N.A.
JULY	406	406	N.A.
AUG.	193	193	N.A.
SEPT.	123	123	N.A.
OCT.	139	139	N.A.
NOV.	54	54	N.A.
DEC.	54	54	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	507	253	254
UNDER 1 YEAR	2	2	0
1 - 4 YEARS	30	17	13
5 - 14 YEARS	98	44	54
15 - 44 YEARS	346	171	175
45 - 64 YEARS	31	19	12
65 AND OLDER	0	0	0

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	June	September

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 80 PERSONS		
81 - 100 PERSONS		
MORE THAN 100 PERSONS	1	181
TOTAL*	1	181

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Rural	9	54
"Urban"	22	272
TOTAL*	31	326

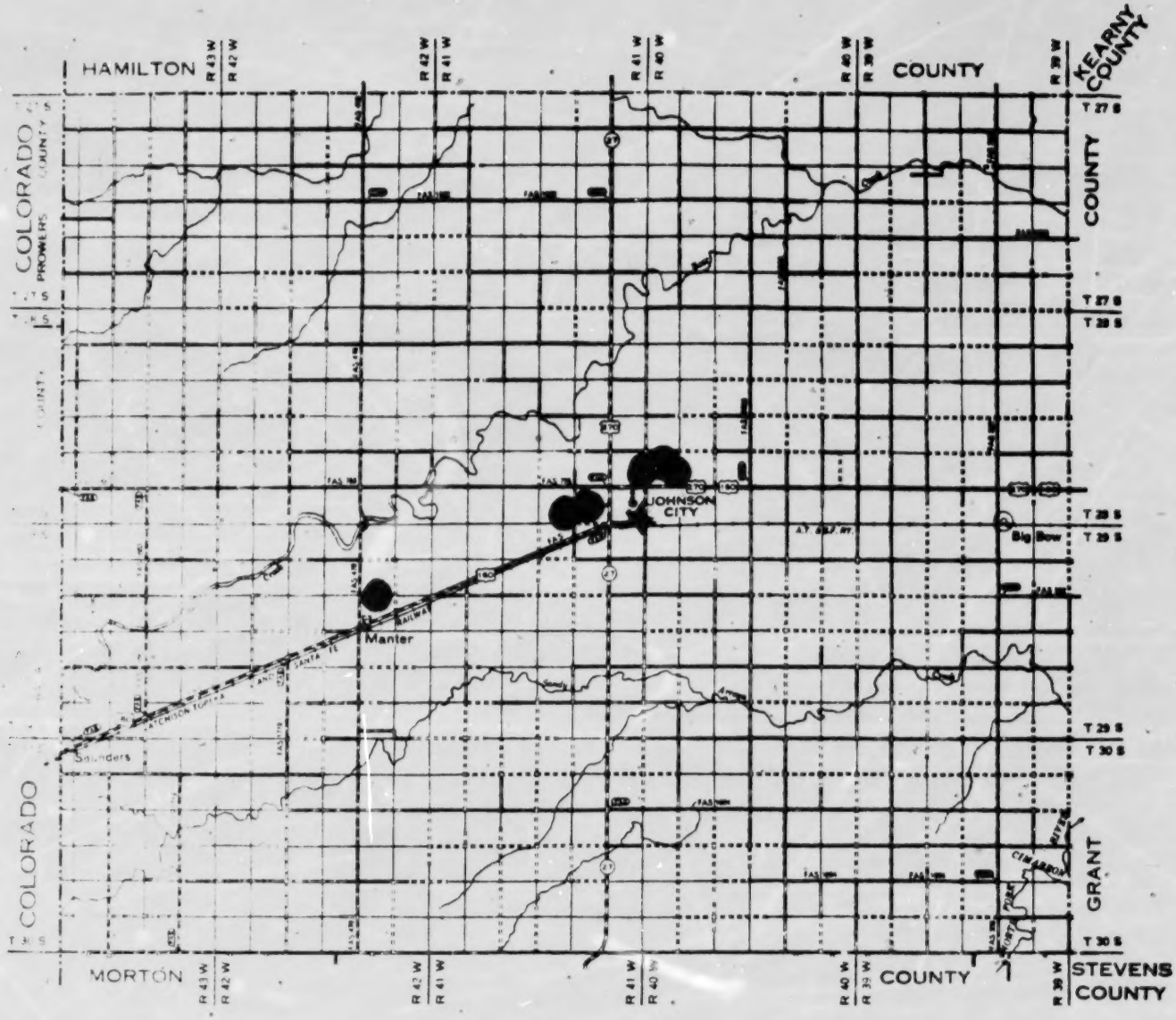
*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-67

(CONTINUATION PAGE FOR PART I)

0063



STANTON COUNTY
KANSAS

0034

POPULATION AND HOUSING DATA
FOR Wichita, Greely & Scott COUNTY.

GRANT NUMBER
07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5 POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	78	78	N.A.
FEB.	78	78	N.A.
MAR.	103	103	N.A.
APRIL	120	120	N.A.
MAY	124	124	N.A.
JUNE	481	481	N.A.
JULY	516	516	N.A.
AUG.	483	483	N.A.
SEPT.	218	218	N.A.
OCT.	119	119	N.A.
NOV.	96	96	N.A.
DEC.	97	97	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	N.A.	N.A.	N.A.
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER	4	4	0
(2) IN-MIGRANTS:			
TOTAL	516	248	268
UNDER 1 YEAR	3	1	2
1 - 4 YEARS	67	27	40
5 - 14 YEARS	147	72	75
15 - 44 YEARS	279	137	142
45 - 64 YEARS	16	7	9
65 AND OLDER	4	4	0

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	14	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

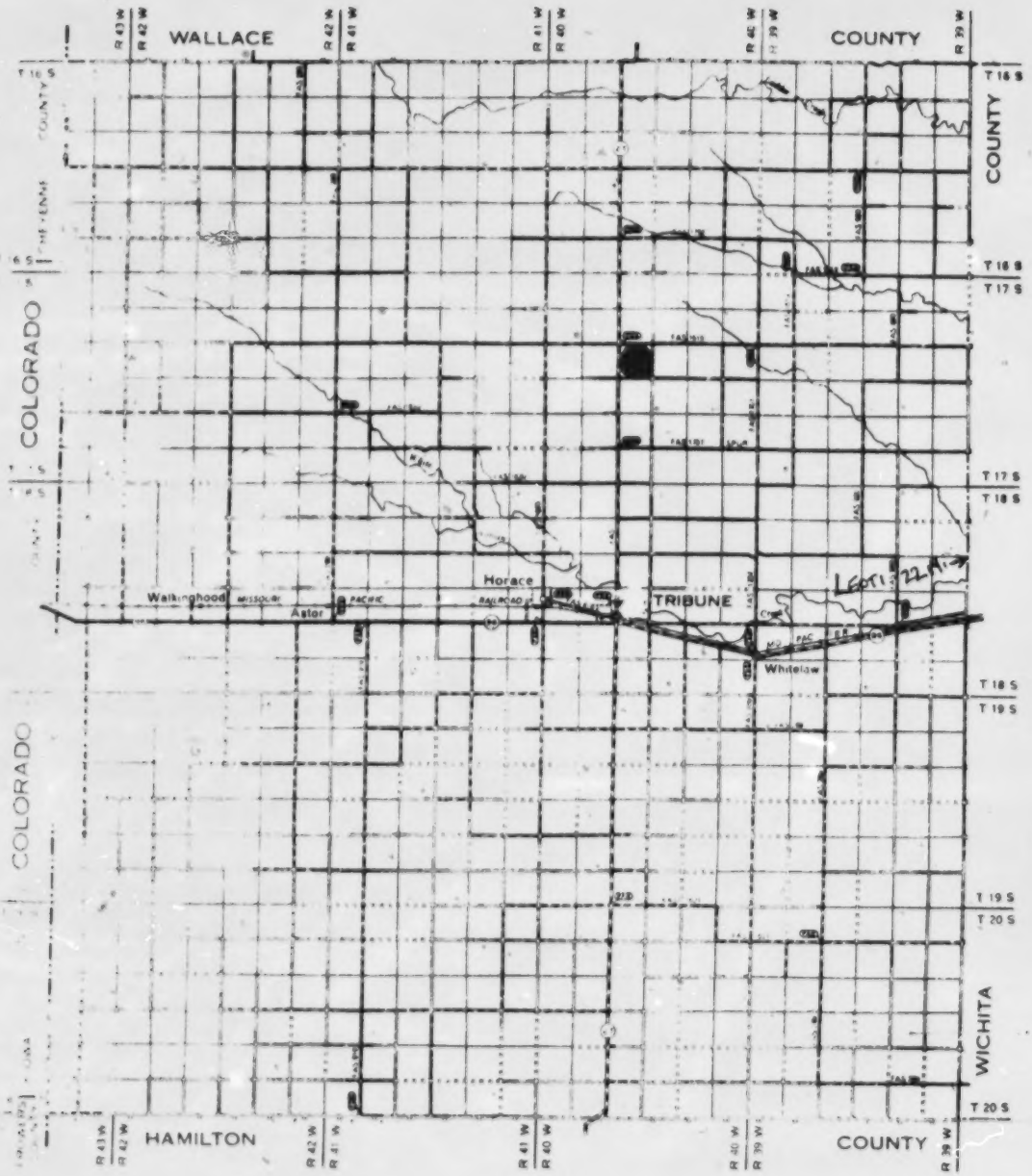
b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	11	71
"Urban"	38	445
TOTAL*	49	516

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

0035



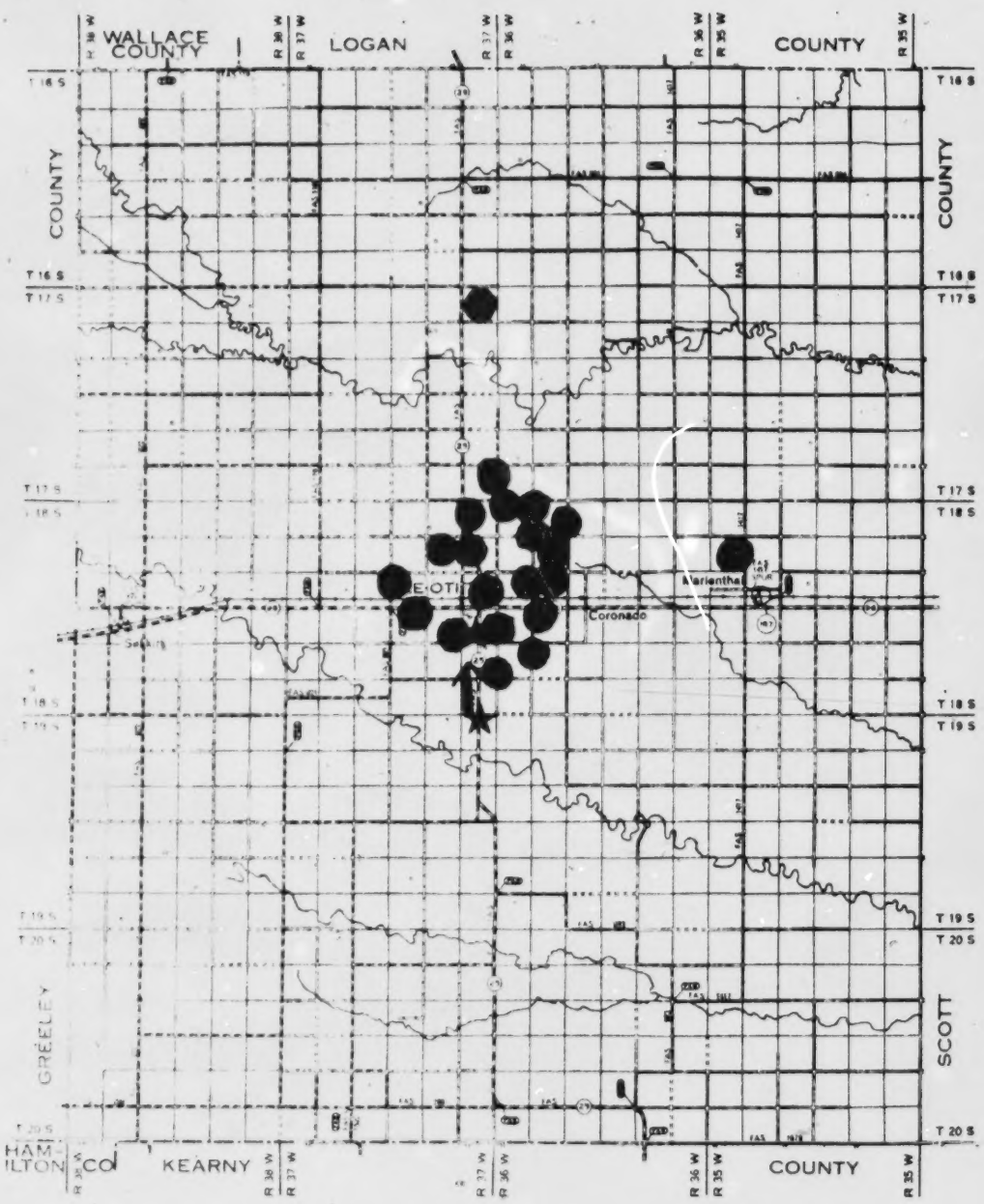
● Location Migrant Housing

★ Clinic

GREELEY COUNTY
KANSAS

1961

0036



● Location Migrant Housing

★ Clinic

WICHITA COUNTY
KANSAS

0037

GRANT NUMBER
07-H-000018-10-0 CS-H20-C-0

DATE SUBMITTED
April 1, 1974

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	1121	519	652	1471
UNDER 1 YEAR	175	59	116	215
1 - 4 YEARS	460	210	250	500
5 - 14 YEARS	158	73	85	170
15 - 44 YEARS	223	95	128	416
45 - 64 YEARS	120	60	60	127
65 AND OLDER	35	22	13	43

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 716

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1492

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 80

No. of Hospital Days 368.5

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	645	634	11
(1) NO. DECAYED, MISSING, FILLED TEETH	See Section VII		
(2) AVERAGE DMF PER PERSON	1.39	1.39	?
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	423	412	11
(1) CASES COMPLETED	367	367	0
(2) CASES PARTIALLY COMPLETED	36	25	11
(3) CASES NOT STARTED	20	20	0
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE	423	423	0
(2) CORRECTIVE-TOTAL			
(a) Extraction	75	66	9
(b) Other	1258	1256	2
d. PATIENT VISITS - TOTAL	314	304Hrs.	10 Hrs.
Dental Hygienist	20 Hrs.	20Hrs.	

4. IMMUNIZATIONS PROVIDED

(Most Preventive Services)

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	*634	198	222	87	11	40	76
SMALLPOX	3						3
DIPHTHERIA	141	52	65	9	3	12	
PERTUSSIS	122	52	42	9		4	5
TETANUS	120	52	42	20	3		3
POLIO	174	29	49	42		14	40
TYPHOID							
MEASLES	9	2	2	1	4		
OTHER (Specify)							
MR	54	11	11	6	1		25
DT	5		5				
TB	6		6				

REMARKS

* Includes Immunizations from all areas

PART II (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

ICD CLASS	NH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I-XVII.		TOTAL ALL CONDITIONS	523	290	233
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	6	6	
	010	TUBERCULOSIS			
	011	SYPHILIS			
	012	GONORRHEA AND OTHER VENEREAL DISEASES			
	013	INTESTINAL PARASITES			
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age			
	015	All other			
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	4	4	
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)			
	019	OTHER INFECTIVE DISEASES (*Give examples*): Animal bites	2	2	
II.	02-	NEOPLASMS: TOTAL	1	1	
	020	MALIGNANT NEOPLASMS (*give examples*):			
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature	1	1	
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	30	10	20
	030	DISEASES OF THYROID GLAND	2	1	1
	031	DIABETES MELLITUS	15	2	13
	032	DISEASES of Other Endocrine Glands			
	033	NUTRITIONAL DEFICIENCY	2	2	
	034	OBESITY	3	3	
	039	OTHER CONDITIONS Gallbladder	8	2	6
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	45	38	7
	040	IRON DEFICIENCY ANEMIA	43	36	7
	049	OTHER CONDITIONS Epistaxis	2	2	
V.	05-	MENTAL DISORDERS TOTAL	9	4	5
	050	PSYCHOSES	2	2	
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM			
	053	MENTAL RETARDATION			
	059	OTHER CONDITIONS Nervous Condition	7	2	5
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	38	27	11
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	4	1	3
	062	CONJUNCTIVITIS and other Eye Infections	6	6	
	063	REFRACTIVE ERRORS of Vision	7	7	
	064	OTITIS MEDIA	21	13	8
	069	OTHER CONDITIONS			

PHS-4202-7 (PAGE 3)
REV. 1-69

0039

PART II - 5. (Continued)

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	13	10	3
	070	RHEUMATIC FEVER	1	1	
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	3	2	1
	072	CEREBROVASCULAR DISEASE (Stroke)			
	073	OTHER DISEASES of the Heart	2	2	
	074	HYPERTENSION	5	3	2
	075	VARICOSE VEINS	2	2	
	079	OTHER CONDITIONS			
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	162	89	73
	080	ACUTE NASOPHARYNGITIS (Common Cold)	5	5	
	081	ACUTE PHARYNGITIS	6	4	2
	082	TONSILLITIS	47	12	35
	083	BRONCHITIS	13	9	4
	084	TRACHEITIS/LARYNGITIS	4	4	
	085	INFLUENZA	36	25	11
	086	PNEUMONIA	6	4	2
	087	ASTHMA, HAY FEVER	6	3	3
	088	CHRONIC LUNG DISEASE (Emphysema)	2		2
	089	OTHER CONDITIONS URI Upper respiratory infection	37	23	14
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	29	12	17
	090	CARIES and Other Dental Problems	3	3	
	091	PEPTIC ULCER	12	4	8
	092	APPENDICITIS			
	093	HERNIA	3	2	1
	094	CHOLECYSTIC DISEASE	5	1	4
	099	OTHER CONDITIONS Hepatitis	3	1	2
		Fistula	3	1	2
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	20	11	9
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	7	5	2
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)			
	102	OTHER DISEASES of Male Genital Organs			
	103	DISORDERS of Menstruation			
	104	MENOPAUSAL SYMPTOMS	5	2	3
	105	OTHER DISEASES of Female Genital Organs	6	3	3
	109	OTHER CONDITIONS Hematuria	2	1	1
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	83	25	58
	110	INFECTIONS of Genitourinary Tract during Pregnancy	6	5	1
	111	TOXEMIAS of Pregnancy			
	112	SPONTANEOUS ABORTION			
	113	REFERRED FOR DELIVERY	73	16	57
	114	COMPLICATIONS of the Puerperium	2	2	
	119	OTHER CONDITIONS Premature	2	2	
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	17	11	6
	120	SOFT TISSUE ABSCESS OR CELLULITIS			
	121	IMPETIGO OR OTHER PYODERMA	5	4	1
	122	SEBORRHEIC DERMATITIS	4	2	2
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	1	1	
	124	ACNE			
	129	OTHER CONDITIONS Warts	3	3	
		Allergies	4	1	3

PART II - S. (Continued)

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	15	8	7
	130	RHEUMATOID ARTHRITIS	9	2	7
	131	[redacted] Muscle Spasm	2	2	
	132	ARTHRITIS, Unspecified	2	2	
	139	OTHER CONDITIONS Bone Growth	1	1	
		Thoracic fusion	1	1	
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	26	16	10
	160	SYMPTOMS OF SENILITY			
	161	BACKACHE	5	2	3
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE	6	6	
	169	OTHER CONDITIONS Stomachache	15	8	7
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	29	22	7
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	12	12	
	171	BURNS	2	1	1
	172	FRACTURES			
	173	SPRAINS, STRAINS, DISLOCATIONS	8	2	6
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	7	7	

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	2,916
	200	FAMILY PLANNING SERVICES	98
	201	WELL CHILD CARE	285
	202	PRENATAL CARE	21
	203	POSTPARTUM CARE	9
	204	TUBERCULOSIS Follow-up of inactive case	5
	205	MEDICAL AND SURGICAL AFTERCARE	3
	206	GENERAL PHYSICAL EXAMINATION	585
	207	PAPANICOLAOU SMEARS	10
	208	TUBERCULIN TESTING	209
	209	SEROLOGY SCREENING	13
	210	VISION SCREENING	431
	211	AUDITORY SCREENING	438
	212	SCREENING CHEST X-RAYS	2
	213	GENERAL HEALTH COUNSELLING Health Promotion	192
	219	OTHER SERVICES: (Specify) Immunizations	315

PART III - NURSING SERVICE

GRANT NO. 07-H-000018-10-0 CS-H20-C-0

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	93
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	1,318
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	237
b. TOTAL HOUSEHOLDS SERVED	210
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	800
d. VISITS TO SCHOOLS, DAY CARE CENTERS	33
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	1,120
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL	810
(1) Within Area	210
(Total Completed)	
(2) Out of Area	600
(Total Completed)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	150
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3632 or Similar Form) IN FIELD OR CLINIC: TOTAL	
(1) Number presenting health record.	
(2) Number given health record	
4. OTHER ACTIVITIES (*Specify*):	

REMARKS

* Total of office calls includes lab work and X-rays

PART IV - SANITATION SERVICES

GRANT NUMBER: 07-H-000018-10-0 CS-H20-C-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	N.A.	N.A.	N.A.	N.A.
OTHER LOCATIONS				
HOUSING UNITS - Family:				
IN CAMPS	N.A.	N.A.	N.A.	N.A.
IN OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.
HOUSING UNITS - Single				
IN CAMPS	N.A.	N.A.	N.A.	N.A.
IN OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

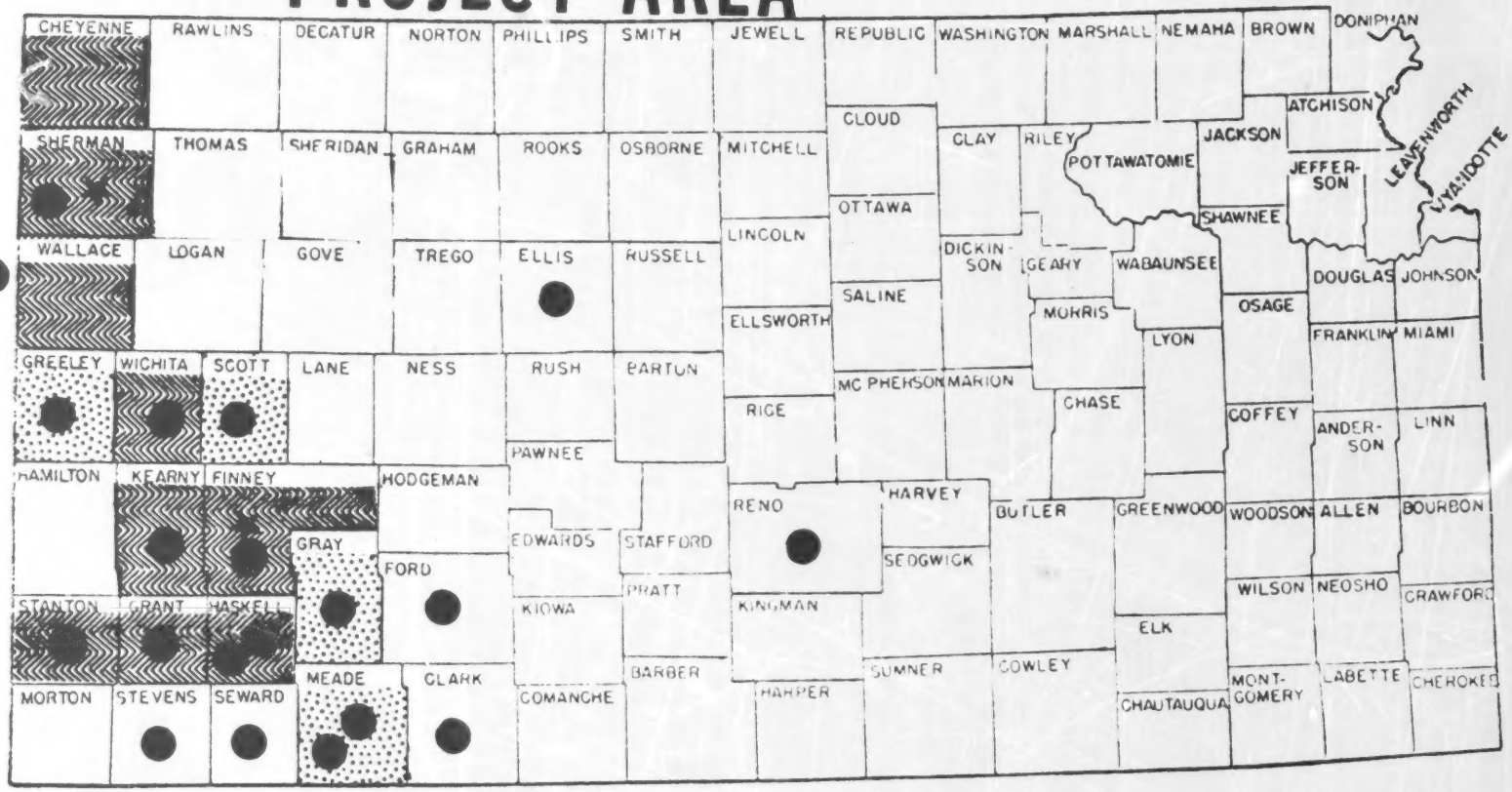
ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS FOUND		NUMBER OF CORRECTIONS MADE	
LIVING ENVIRONMENT:	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
a. WATER	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
b. SEWAGE								
GARBAGE AND REFUSE	The Project does not have a sanitarian.							
HOUSING								
e. SAFETY								
f. FOOD HANDLING								
g. INSECTS AND RODENTS								
h. RECREATIONAL FACILITIES								
WORKING ENVIRONMENT:								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* *Locations – camps or other locations where migrants work or are housed.*

PART V – HEALTH EDUCATION SERVICES *(By type of service, personnel involved, and number of sessions.)*

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES *(other than Health Ed.)*	OTHER *(Specify)* Dentist
A. SERVICES TO MIGRANTS						
(1) Individual counselling	2416	150	1521	N.A.	410	310
(2) Group counselling	250	2		N.A.	6	3
B. SERVICES TO OTHER PROJECT STAFF:						
(1) Consultation	10	N.A.	12	N.A.	N.A.	N.A.
(2) Direct services	N.A.	10	4	N.A.	N.A.	N.A.
C. SERVICES TO GROWERS						
(1) Individual counselling	N.A.	N.A.	15	N.A.	N.A.	N.A.
(2) Group counselling	N.A.	3	N.A.	N.A.	N.A.	N.A.
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals	423	N.A.	50	N.A.	N.A.	N.A.
(2) Consultation with groups	56	N.A.	25	N.A.	N.A.	N.A.
(3) Direct services	9	N.A.	52	N.A.	N.A.	N.A.
E. HEALTH EDUCATION MEETINGS	58	N.A.	15	N.A.	N.A.	N.A.

PROJECT AREA



Medical, Dental and Health Education Services

Services provided through adjacent Counties

Hospitals having agreements with project

Project Office